# HOUSING/REAL ESTATE TRANSACTION COMPLAINANT INFORMATION SHEET



(For IDHR Use Only) CONTROL NUMBER:

| not kn<br>persor<br>possib | ow the answer or if a question<br>by mail or fax to IDHR's Chic   | n and all of the instructions care<br>in is not applicable, leave the quest<br>cago Office. You have one year fro<br>I and dated below. Use additional s    | tion unanswere<br>m the date of the | ed and fill or<br>e alleged dis | ut as much of the form as scrimination to file a charge, | you can. Ret<br>but it's best to | turn the form in ofile as soon as |  |
|----------------------------|---|---|-------------------------------------|---------------------------------|--|----------------------------------|-----------------------------------|--|
| Comp                       | lainant Information:  |   |                                     |                                 |  |                                  |                                   |  |
| Name o                     | f Aggrieved Person(s) or Organizat  | tion:   |                                     |                                 | Telephone No:  |                                  |                                   |  |
| Address                    | :   |   | Apt No:                             | City, Sta                       | ate, ZIP:  |                                  |                                   |  |
| County:                    |   | Cell Phone No:  |                                     | E-mail Addre                    | ess:   |                                  |                                   |  |
| E-I                        | Mail Consent: By checking this box  | x, I consent to service of notices by the D   | Department via ele                  | ectronic mail.                  |  |                                  |                                   |  |
| Who e                      | lse can we call if we canno   | ot reach you?   |                                     |                                 |  |                                  |                                   |  |
| First Contact's Name:      |   |   |                                     |                                 | Daytime Phone:   |                                  |                                   |  |
| Address                    | , City, State, ZIP:   |   |                                     |                                 |  |                                  |                                   |  |
| Second Contact's Name:     |   |   |                                     |                                 | Daytime Phone:   |                                  |                                   |  |
| Address                    | , City, State, ZIP:   |   |                                     |                                 |  |                                  |                                   |  |
| 1a. W                      | nat happened to you? Chec   | ck all that apply.  |                                     |                                 |  | - Albano                         |                                   |  |
| Re                         | fused an opportunity to rent or buy   | housing or told housing was not availal   | ble when it was.                    |                                 | Discriminated against in brok                            | ker's services.                  |                                   |  |
| Re                         | Refused a request to accommodate policies or practices or modify housing because of a disability.  Treated differently than others seeking housing. |   |                                     |                                 |  |                                  |                                   |  |
| Di:                        | scriminated against in the terms or   | conditions of sale, rental occupancy, or  | in services or fac                  | ilities.                        | Denied a loan.   |                                  |                                   |  |
| Di:                        | scriminated against in financing of   | a home or commercial property.  | Intimidated/inter                   | rfered/coerce                   | d in the exercise of my housing                          | g rights.                        |                                   |  |
| Other (e                   | xplain)   |   |                                     |                                 |  |                                  |                                   |  |
|                            |   |   |                                     |                                 |  |                                  |                                   |  |
|                            |   |   |                                     |                                 |  |                                  |                                   |  |
| 1b. Sta                    | ate briefly what happened.  | (Attach an additional page if necess  | sary.)                              |                                 |  |                                  |                                   |  |
|                            |   |   |                                     |                                 |  |                                  |                                   |  |
|                            |   |   |                                     |                                 |  |                                  |                                   |  |
|                            |   |   |                                     |                                 |  |                                  |                                   |  |
| 2a. Or                     | what date did the last act  | of discrimination occur?  |                                     | 2b. Is                          | the action on going?                                     | Yes                              | ☐ No                              |  |
| race; caiding/             | olor; religion; sex (including se<br>abetting; willful interference an  | of the Illinois Human Rights Act to<br>exual harassment); pregnancy; national<br>and coercion; military status; unfavora<br>and order of protection status. | onal origin; fam                    | ilial status (                  | families with children under                             | r 18); arrest re                 | ecord; disability;                |  |
| loan be                    | cause of your religion? Or turned d   | reing discriminated against? For<br>lown for an apartment because you have<br>thousing rights were denied because of a                                      | e children? Were                    | you harassed                    | because you assisted someor                              |                                  |                                   |  |
|                            |   |   |                                     |                                 |  |                                  |                                   |  |

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| 4a. Who do you believe discriminated against you?  |                 |  |  |  |  |  |  |  |
|--|-----------------|--|--|--|--|--|--|--|
| Name:  | Phone No:       |  |  |  |  |  |  |  |
| Address, City, State, ZIP:   |                 |  |  |  |  |  |  |  |
| 4b. Mark the applicable box that describes the person named above: Check the appropriate b   | ox(es):         |  |  |  |  |  |  |  |
| ☐ Landlord ☐ Owner ☐ Bank or Other Lender ☐ Real Estate Agent ☐ Broker ☐ Other   |                 |  |  |  |  |  |  |  |
| 5a. What kind of house, rental unit or property was involved? Check the appropriate box(es):   |                 |  |  |  |  |  |  |  |
| Single family home Apartment building of more than 4 units Owner lives on the property Public or assisted housing Vacant land  |                 |  |  |  |  |  |  |  |
| Mobile home park Commercial space Other (specify):   |                 |  |  |  |  |  |  |  |
| Number of units on the property:   |                 |  |  |  |  |  |  |  |
| 5b. What is the address of the house, rental unit, or property?  |                 |  |  |  |  |  |  |  |
| Address:   | Apt No:         |  |  |  |  |  |  |  |
| City, State, ZIP:  | County:         |  |  |  |  |  |  |  |
| Is the property still available? Yes No Unknown  |                 |  |  |  |  |  |  |  |
| 6. We need some information for statistical purposes:  |                 |  |  |  |  |  |  |  |
| Sex: Date of birth (age cases only): National Origin (specify):  |                 |  |  |  |  |  |  |  |
| 7. Have you filed a charge with any other agency? If so, which agency?   |                 |  |  |  |  |  |  |  |
| CONSENT AGREEMENT AND RELEASE I have read the provided "Notice to Complainant" and I understand that: 1) In the course of investigating my charge, IDHR will reveal my identity (including my name) and my personal information to named Respondent(s) in my charge to obtain facts and evidence regarding my charge; 2) I do not have to reveal my personal information to IDHR, but IDHR may close my charge if I refuse to reveal information needed to fully investigate my charge; 3) IDHR may be required by law, subpoena, court order, and/or FOIA request to disclose my charge and information in the Department's investigation file concerning my charge to persons outside of IDHR.  If IDHR takes a charge based on the information provided, I consent for IDHR to disclose my identity and personal information as necessary to process and investigate my charge, and I release IDHR from any liability whatsoever concerning disclosure of my identity and any personal information I provided to IDHR or IDHR obtained in processing my charge.  My signature below verifies the accuracy of the information provided herein and my consent and release as indicated above. |                 |  |  |  |  |  |  |  |
| Print Name:  Signature:  NOTE: If there is certain personal information you would like withheld, please discuss your concern with an Intake s  | Date:upervisor. |  |  |  |  |  |  |  |

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# HOUSING COMPLAINANT INFORMATION SHEET

#### IDHR Notice of Accessibility

IDHR's programs are accessible to persons with disabilities in compliance with the ADA and Sec. 504 of the Rehabilitation Act of 1973. IDHR provides sign language interpreters upon request. A person with a disability needing an accommodation to participate in IDHR programs should contact the ADA Coordinator at 312-814-6262, 312-814-1436 (fax), 866-740-3953 (TTY) or e-mail IDHR.ADA@illinois.gov. IDHR provides interpreters upon request for sign language and for languages other than English. If a non-English speaking party chooses to secure their own interpreter, the interpreter must be 18 years of age or older and able to communicate effectively in both languages.

## Notice to complainant on release of identity and personal information

The Illinois Human Rights Act ("Act"), 775 ILCS 5/1-101 et seq., and Section 2520.330 of IDHR's Rules and Regulations, 56 III. Admin. Code, Ch. II, Section 2520.330, require a charge to contain certain information in such detail as to substantially apprise the parties of the time, place, and facts with respect to the alleged civil rights violation. Pursuant to the Department's Rules and Regulations (2 III. Admin Code, Ch. X, Section 926.210), anyone who submits information to IDHR in connection with a discrimination charge should take notice and be aware of the following. During the Department's investigation:

- (a) All contents and files maintained by IDHR pertaining to charges shall be confidential and not subject to public disclosure. Relevant exceptions are: 1) the parties and non-parties to a charge may inspect the file at any time subsequent to the written notice of substantial evidence, default, or dismissal, administrative closure, or approval of terms of settlement by the Human Rights Commission ("Commission"); 2) after the filing of a Complaint with the Commission or the institution of judicial proceedings involving a charge, the Director may release information pertaining to the charge if such information is requested of IDHR or if the Director finds such information newsworthy, useful in education or training, relevant to an issue before the General Assembly, or similarly appropriate for disclosure.
- (b) Authorized personnel within IDHR analyze information that IDHR collects. This information may include personal information. IDHR staff may need to reveal some of the personal information to individuals outside the office in order to verify facts related to the charge, or to discover new facts which will help IDHR to determine whether the law has been violated. IDHR may need to disclose to Respondent correspondence that IDHR receives from Complainant or other sources.
- (c) After the completion of the Department's investigation, IDHR may release the Department's investigation file, which includes the identity and personal information of the parties pursuant to a Freedom of Information Act ("FOIA") request, a subpoena or a court order, and information submitted to or obtained by IDHR may also be revealed to persons outside of IDHR to enforce a Commission Order or a settlement agreement.
- (d) No person is required to file a charge with IDHR and reveal personal information to IDHR; however, if a person files a charge and IDHR cannot obtain the information needed to fully investigate the allegations in the charge, IDHR may close the case.

#### The Cooper v. Salazar injunction

IDHR is under a federal-court injunction that, among other things, orders IDHR:

"to cease permanently from relying on credibility determinations made without affording the rights of confrontation and cross-examination".

See, Cooper v. Salazar, #98 C 2930, U.S. District Court for the Northern District of Illinois, Order dated November 1, 2001, at p. 26, ¶1.

## Meaning of the Cooper Injunction

The Department cannot assess the credibility of Complainant's testimony, the testimony of Complainant's witnesses or the testimony of Respondent's representatives or the witnesses of Respondent where there is conflicting testimony. In other words, if the determination of substantial evidence turns on issues of credibility, the Department should make a finding of substantial evidence so that a trier of fact may resolve those issues of credibility. This means that if a determination of lack of substantial evidence requires the Department to make a finding of fact as to conflicting evidence, the Department will make a finding of substantial evidence so that credibility may be resolved by the Human Rights Commission at a Public Hearing or in circuit court. The Illinois Human Rights Act defines "substantial evidence" as:

"evidence which a reasonable mind accepts as sufficient to support a particular conclusion and which consists of more than a mere scintilla but may be somewhat less than a preponderance". Illinois Human Rights Act §7A-102(D)(2), codified at 775 ILCS 5/7A-102(D)(2).

#### The Meaning of Credibility

IDHR is an investigatory agency. IDHR's purpose is to gather all of the evidence from each of the parties as to whether Respondent may or may not have discriminated against the Complainant within the meaning of the Illinois Human Rights Act. IDHR's purpose is to review all of the evidence and make a determination based upon the law as to whether there is sufficient evidence of discrimination to file a complaint against the Respondent with the Illinois Human Rights Commission. IDHR will not make a finding that evidence submitted by a party is either believable or not believable. Thus, IDHR will not base its findings on the fact that one of the parties is not telling the truth or that one party's evidence is not believable. If the resolution of the charge of discrimination requires believing the evidence of one party over another party, IDHR will make a finding of Substantial Evidence and refer the matter to the Illinois Human Rights Commission so that a trier of fact may resolve the case.

# Conflicting evidence exists when there are

- 1. Statements of a person with material first hand knowledge contradicted by statements of a different person with material first hand knowledge.
- 2. Business records contradicted by oral statements of a person with material first hand knowledge.
- 3. Business records of one person contradicted by business records of another person.

Find answers to Frequently Asked Questions on the IDHR website at https://www2.illinois.gov/dhr

