



City of Galesburg

Operating Under Council – Manager Government Since 1957

FILING A CHARGE OF DISCRIMINATION

You have come to the Community Relations Commission to seek help concerning discrimination in employment, housing, public accommodations and/or financing. We will ask you many questions about what happened to you and about how others were treated, and we will ask you about dates, the size of the organization with which you had trouble, and other matters. What you tell us is IMPORTANT.

First, we will have to establish whether we believe that the City's Human Relations Ordinance permits us to handle your problem; that is, we must try to find out whether we have JURISDICTION under the law. Second, we must learn from you facts which will be useful in our investigation.

If it happens that what you tell us leads us to believe that we cannot help you because we do not have jurisdiction, we will explain that to you and tell you why and make referrals to other agencies who may be able to assist you.

If it happens that what you tell us leads us to believe that there is only a very slight chance that we will be able to help you or that it is unlikely that the organization which you wish to charge has violated the law, we will explain that to you and tell you why.

However, IF it should happen that we counsel you that we do not believe that we have jurisdiction OR that it appears unlikely that we can help you or that the organization has not violated the law, based on what you tell us, YOU MAY NONETHELESS, FILE A CHARGE WITH US. That is YOUR decision to make.

It is possible that your filing a charge will result in its being dismissed because we do not have jurisdiction or because it is determined that the law has not been violated. But even if we counsel you that we do not have jurisdiction or that it appears that we will not be able to help you that it appears that the law has not been violated, YOU MAY STILL FILE A CHARGE.

By my signature below, I attest that I have read and understand the above instructions.

SIGNED: _____ DATE: _____

**CITY OF GALESBURG
COMMUNITY RELATIONS COMMISSION
DISCRIMINATION COMPLAINT FORM**

Note: before completing this form, please read and sign the preceding page on filing a discrimination complaint.

Please print legibly.

Today's date: _____

1) Your Name: _____ Mr. Ms. Mrs. Miss

Preferred Pronouns: _____ Race: _____ Sex: _____

Date of Birth: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Provide the name of another person who is able to discuss this complaint in the event this office is unable to locate you.

Name: _____ Mr. Ms. Mrs. Miss

Preferred Pronouns: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

2) Who discriminated against you? (Give the name of the business or institution.)

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

3) Type of organization that discriminated against you:

Private Company

Public

Government Agency: Federal State County City

4) Approximately how many employees do they employ? _____

5) Provide a detailed description, including title, race, age (if known) of the individual(s) who discriminated against you:

Name: _____ Title: _____

Race: _____ Age: _____ Preferred Pronouns: _____

6) Are you now (or have you been) employed by the party named in question #2? Yes No

If your answer to question #6 was yes, please provide the following information:

Title: _____ Department: _____

Dates employed: Start: _____ End: _____

Supervisor Name: _____ Supervisor Title: _____

7) Please describe in detail the action(s) taken against you, which you believe to be discriminatory.

8) What was the date of the action taken against you? _____

9) What was the reason (if any) given for the action taken against you?

10) The Galesburg Community Relations Commission can only investigate those situations described below. By law, any other category cannot be investigated. Please check as many categories as may apply. Fill in the blank with your own race, sex, religion, etc., but only if you feel that category is the basis for the discrimination against you.

I believe I have been discriminated against because of:

Race _____

Ethnicity _____

Sex _____

Gender identity _____

Color _____

- National origin _____
- Ancestry _____
- Religion _____
- Age _____
- Physical disability not related to job ability _____
- Mental disability not related to job ability _____
- Veteran status _____
- Financing _____
- Public Accommodations _____
- Marital status _____
- Sexual orientation _____
- Retaliation _____
- Children under 14 _____
- Unfavorable military discharge _____
- Other _____

11) Explain the reason you feel you were discriminated against. If you know, explain how others were treated in a similar situation.

12) Can any witnesses support your claim of discrimination? Yes No

If yes, please list their information below.

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

13) Can you identify by name, sex, race, or age, etc. individuals who did not receive the same treatment under the same of similar conditions as you?

14) Do you have any documents that support your claim of discrimination? Yes No

If yes, please list (copies may be requested at a later date):

15) Have you attempted to solve the situation through an internal grievance process? Yes No

If yes, briefly describe the process and results thus far: _____

16) Have you filed a previous discrimination complaint with the CRC against the organization that is the subject of this complaint?

Yes

No

17) Have you filed a charge regarding the situation with the Illinois Department of Human Rights or any other agency?

Yes

No

If yes, please list agency: _____

18) If there are other discrimination implications that have not been covered above, please describe:

19) Did you suffer any damages, such as monetary or mental anguish? If so, please describe:

20) How did you learn about the Community Relations Commission?

By my signature below, I hereby attest that the information provided in this complaint is true to the best of my knowledge and belief.

Signature: _____ Date: _____

Please return completed application to:

Galesburg City Hall
Community Relations Commission (Administration)
55 West Tompkins Street
Galesburg, IL 61401

If additional paper is used, please indicate the number of the question you are answering.

Both State and Federal Law requires that charges be filed within 180 days from the date of the alleged discrimination. However, our local ordinance requires that a complaint must be filed with our office within 60 days after the date of the last occurrence of the alleged discrimination or 60 days after the discovery of the alleged discrimination. In no event, shall a complaint be filed more than one year after the occurrence of the alleged violation. Our jurisdictions are listed in item 10. Any other category, by law, cannot be accepted by the CRC.