

PAID LEAVE ("PL") COMPLAINT FORM**FOR OFFICIAL USE ONLY**

CASE NO. # _____

DATE REC'D: _____

**COOK COUNTY
COMMISSION ON HUMAN RIGHTS**

NAME OF EMPLOYEE/COMPLAINANT		TELEPHONE	COMPLAINANT EMAIL
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF EMPLOYER/RESPONDENT		TELEPHONE	RESPONDENT EMAIL
STREET ADDRESS	CITY	STATE	ZIP CODE

1. TYPE OF COMPLAINT (Check as many as applicable)

- FAILED TO PROVIDE ALL HOURS OF PAID LEAVE REQUIRED BY ORDINANCE
 FAILED TO ALLOW USE OF PAID LEAVE AS REQUIRED BY ORDINANCE
 FAILED TO PROPERLY COMPENSATE FOR USE OF PAID LEAVE
 FAILED TO NOTIFY OF RIGHT TO PAID LEAVE
 FAILED TO COMPLY WITH THE COVID-19 VACCINATION RIGHTS FOR EMPLOYEES AND EMPLOYER OBLIGATIONS ORDINANCE
 RETALIATION OTHER ACT(S) PROHIBITED BY ORDINANCE _____

2. ACCRUAL PERIOD: from _____ to _____.
 dd/mm/yyyy dd/mm/yyyy

3. HOURS OF PL AWARDED BY EMPLOYER FOR ACCRUAL PERIOD: _____

4. HOURS OF PL USED BY EMPLOYEE DURING ACCRUAL PERIOD: _____

5. HOURS WORKED FOR EMPLOYER IN COOK COUNTY DURING ACCRUAL PERIOD: _____

6. LOCATION WHERE WORK PERFORMED FOR EMPLOYER (*e.g.*, address of business/workplace):

(Attach extra sheets if additional space is needed to explain the hours, date ranges and/or location(s) of work.)

If you are a representative (attorney or agent) completing this form on behalf of the Complainant, please include your name and contact information in the below field:

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(Be sure to include facts explaining why you and your employer are covered by the Ordinance. Explain in detail how your employer has violated the Ordinance. Separate each allegation into its own numbered paragraph. Attach documents as described below.)

6. FACTS THAT SUPPORT YOUR COMPLAINT: (Attach extra sheets if additional space is needed.)

Attach to this complaint any documents that support your claim (e.g., paychecks, paystubs, direct deposit receipts, W-2s, 1099s, work schedules, benefit schedules, etc.).

Provide the Commission with the names and contact information of any witnesses who can corroborate your claim as soon as possible.

Under penalties of law, I certify that all information included in this complaint is true and accurate to the best of my knowledge and belief.

Complainant Signature

Date

Representative Signature (if applicable)

Date