



**COOK COUNTY**  
**Commission on**  
**Human Rights**

**Jennifer King**  
Director

69 W. Washington St.  
Suite #1130  
Chicago, Illinois 60602

**Commission on Human Rights**

Sufyan Soheli -Chair	Gia Orr - Vice Chair
Jack Block	Charles Isaacs
Dr. Simone Griffin	Michael Lapinski
Amber Smock	Richard Tolliver
Hedy Ratner	Shobhana Verma
Pushkar Sharma	

IN THE MATTER OF	)	
	)	COMPLAINT NO.
_____	)	
COMPLAINANT	)	
	)	
AND	)	
	)	
_____	)	
RESPONDENT	)	

**APPEARANCE FORM**

The undersigned enters their appearance on behalf of the **Complainant** or **Respondent** in the above-captioned case.

Name of Complainant(s) or Respondent(s): \_\_\_\_\_

Name : \_\_\_\_\_

Please select the option that describes your relationship to Complainant or Respondent:

**Representative**

**Attorney**

Attorney No. (If applicable):

Organization or Firm name:

Address of Organization or Firm: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_