



KWAME RAOUL

Illinois Attorney General
Civil Rights Bureau
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www.IllinoisAttorneyGeneral.gov

HATE CRIMES COMPLAINT

Fill out the form online and click submit at the end of the form to send by email or print and mail to the address above. Include copies (no originals please) of any supporting documents.

YOUR INFORMATION:	PERSON OR ENTITY YOU ARE COMPLAINING ABOUT:
Name: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> (check one)	Name:
Address:	Type of Facility (Examples include: restaurant, hotel, doctor's office):
City: State: Zip Code: County:	Contact Person (Examples include: supervisor, manager):
Your Telephone Number:	Address:
Daytime: - - Ext: _____	City: State: Zip Code: County:
Evening: - - Ext: _____	Telephone: - - Ext.: _____
Cell: - - _____	Website: _____
Your Email Address: _____	
Preferred phone number(s) for communications with our office regarding your complaint: <input type="checkbox"/> Daytime Phone <input type="checkbox"/> Evening Phone <input type="checkbox"/> Cell Phone	
Please describe the incident you experienced. Please include date(s), the incident(s) occurred, and your name and contact information. _____ _____ _____ _____ _____	
The incident you experienced is based on one or more of the following [check appropriate box(es)]: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Religion <input type="checkbox"/> Ancestry <input type="checkbox"/> Gender <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> National Origin <input type="checkbox"/> Physical or Mental Disability <input type="checkbox"/> Other (Please specify) _____	

Do you have witnesses who have information about the incident you are reporting? If so, state their names, addresses and phone numbers and the pertinent information they can provide.

Name: _____

Address: _____

Phone Number: _____

Information the witness will provide: _____

Name: _____

Address: _____

Phone Number: _____

Information the witness will provide: _____

Have other members of your community experienced similar incidents? If so, please explain.

If any of those individuals are willing to be contacted, please list their names and contact information.

Name: _____

Telephone Number: _____

Email Address: _____

Do you have any documents or other evidence to support this complaint?
If so, please attach copies.

Yes No

PLEASE DO NOT SEND ORIGINALS.

Have you reported this incident to any attorney or another government agency, including any federal, state, or local law enforcement agency? Yes <input type="checkbox"/> No <input type="checkbox"/>
If your answer is yes, please provide the following information:
Name of the agency: _____
Address: _____
Phone Number: _____
When was the incident reported? _____
What was the outcome/Is any court action pending? _____

READ THE FOLLOWING BEFORE SIGNING BELOW:

To report a crime or if you fear for your safety, contact local law enforcement and call 911 in an emergency. This form is not a substitute for filing a police report with a federal, state or local law enforcement agency.

The Illinois Attorney General cannot obtain financial compensation or file a criminal case on your behalf. The Illinois Attorney only has the authority to seek injunctive or other equitable relief and civil penalties on behalf of the People of the State, and may do so only after consulting with the local State's Attorney.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public to enforce laws designed to protect the public from patterns and practices of hate crimes. I agree that the Attorney General's Office may use its discretion to determine whether an investigation is warranted, and I have no objection to the contents of this complaint being shared with the person or entity that I am complaining about. I understand that, if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I also understand that, under most circumstances, my complaint, and any documents submitted with my complaint, *may* be considered a public record and *may be* available to a member of the public upon request, subject to the exemptions provided under the Freedom of Information Act, 5 ILCS 140/7 and 5 ILCS 140/7.5.

I certify that I have read this complaint, and that the information that I have provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____