



The incident(s) about which I am complaining occurred on the following date(s) and at the following location(s):

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The name and job title of the City employee(s) or City official(s) about whom I am complaining (if known) are:

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I request the following solution(s):

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Names, addresses, telephone numbers and work locations of other persons with knowledge of my claim (if known):

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**PLEASE COMPLETE ENTIRE FORM**

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**Please check this box if you would like the Human Relations Commission to conduct a hearing concerning this complaint.**

I understand and acknowledge that the Human Relations Commission will forward a photocopy of this Complaint to the City Manager of Highland Park and the Department Supervisor of the employee, or the City official named in this Complaint. I further understand and acknowledge that the City Manager and the Department Supervisor may initiate and conduct an internal investigation of the matters stated in this Complaint in accordance with applicable City codes, procedures, and orders.

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

Once completed, this form should be mailed or faxed to:

Human Relations Commission  
c/o Staff Liaison  
City of Highland Park  
54 Laurel Ave.  
Highland Park, IL 60035  
Fax: 847-432-4531

If you have questions concerning this form, please call: 847-432-4110.