

**Employment Plan/Employee Handbook Complaint Form**

Name (optional): \_\_\_\_\_

Home Address (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (optional): \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Please describe in detail the nature of the complaint and all facts giving rise to the complaint, including individuals involved and the location, date and time of the occurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If additional room is needed, please use the reverse side of this document. Remember to attach any documentation supporting your complaint.

Please list any Assessor’s Office employees involved:

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

Please list any individuals with knowledge of the events giving rise to the complaint and, if known, contact information for the individuals:

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact info: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

**Certification**

I hereby certify that the information contained in this complaint is true and correct to the best of my knowledge.

Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the completed form to the Director of Compliance, Cook County Assessor’s Office, 118 North Clark Street, 9<sup>th</sup> Floor, Chicago, IL, 60602 by hand delivery, mail or fax at (312) 603-7594

For Internal Use Only

Date received: \_\_\_\_\_  
Log Number: \_\_\_\_\_

