



Illinois Department of Revenue
IDR-964 Discrimination/Harassment/
Sexual Harassment/Retaliation Complaint Form

General Instructions

To initiate a formal charge of discrimination, harassment, sexual harassment or retaliation, you must file this Form IDR-964 with the Department's EEO/AA Office within 30 days after the alleged violation or as soon as possible. Form IDR-964 may be completed by an employee, applicant, visitor, or vendor of the Illinois Department of Revenue. All matters will be handled privately and confidentiality. Disclosure of information will be made only when deemed appropriate. This form may be printed and filled out manually. Email your completed and signed form to REV.EEO@illinois.gov or mail to the following address:

EEO/AA OFFICE
ILLINOIS DEPARTMENT OF REVENUE
101 W JEFFERSON ST, MC-6500
SPRINGFIELD IL 62702

Step 1: Complainant Information (Please print.)

Name: _____ Name of Agency: _____

Work Address: _____ City, State, ZIP: _____

Phone Number: _____ Email Address: _____

Status: I am an IDOR: Active Employee Applicant Temporary Employee Visitor Vendor

Sex or Gender: _____

Race/Ethnicity: Asian African American/Black Hispanic Native American
 White Other: _____

Step 2: Alleged Discrimination Information

1. Are you self reporting a complaint? Yes No
 If not, are you reporting as a witness? Yes No

2. Complaint type (this complaint is being made as a result of): Discrimination Harassment
 Sexual Harassment Retaliation

3. Basis of alleged discrimination (Identify the protected characteristic.):

<input type="checkbox"/> Age	<input type="checkbox"/> Arrest/Court Records	<input type="checkbox"/> Citizenship Status
<input type="checkbox"/> Color	<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Disability
<input type="checkbox"/> Familial status	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> National Origin/Ancestry
<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Sex
<input type="checkbox"/> Sexual Orientation/Gender Identity	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Military Status
<input type="checkbox"/> Unfavorable Military Discharge	<input type="checkbox"/> Orders of Protection	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Other (specify): _____		

4. The discrimination occurred in connection with:

<input type="checkbox"/> Compensation	<input type="checkbox"/> Disciplinary Action	<input type="checkbox"/> Hiring/Promotion
<input type="checkbox"/> Interview	<input type="checkbox"/> Layoff	<input type="checkbox"/> Training Opportunity
<input type="checkbox"/> Transfer <input type="checkbox"/> Other (specify): _____		

Step 3: Incident Details (You may attach documentation to support the allegations.)

5. Please provide the names, titles, work locations, and phone numbers of all persons you believe discriminated against you.

Name	Title	Work Location	Phone

6. Please describe the facts of the alleged discriminatory action giving rise to your concerns. Include dates, times, locations, and details of the events.

If you need additional space, please attach a written copy of the details.

Step 4: Witnesses and Supplemental Information

Note: Completing the information in Steps 4 and 5 is voluntary, but we encourage you to share any information that could be useful to our handling of your complaint.

7. Identify any individuals who may have witnessed or observed firsthand the incidents that you described in Step 3.

Name	Position/Title	Email	Phone

8. Do you have any documentation to support your allegations? Yes No

If yes, please list them below and attach a copy to your complaint form.

Step 5: Other Information

9. Was an informal resolution sought? Yes No

If yes, with whom, and on what date? _____ **Date:** _____

10. Please describe what you or others tried to do to resolve the complaint. What was the outcome?

If you need additional space, please attach a written copy of the details.

Step 6: Signature

I certify that the information given in this complaint is true and correct to the best of my knowledge or belief.

_____ **Date:** _____