



EMPLOYMENT PLAN COMPLAINT FORM

Name (optional): _____ Occupation/Title: _____
Home Address: _____ Department Name: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ E-mail Address: _____

Policy or Employment Action at issue: _____

Date of Incident: _____ Time of Incident: _____ A.M. _____ P.M.

Location of Incident: _____

Subject of Complaint: Employee: _____ Applicant: _____ Other: _____

Describe the incident in full detail:

*If more space is required, please use the reverse side of this form and **provide any documentation that may support your complaint.***

Were any Cook County Employees Involved? Yes: ____ No: ____

If yes, list names and work locations or department(s):

Name: _____ Department: _____

Name: _____ Department: _____

Name: _____ Department: _____

Did anyone witness the incident or does anyone have knowledge of the incident? Yes: ____ No: ____

If yes, list names and phone numbers if available:

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Has this incident been reported to any other Cook County Agency or Department? Yes: ____ No: ____

Name of Agency/Department: _____ Name of Contact: _____

Date of Report/Contact: _____ File Number (if applicable): _____

I certify that the information I have provided is true and accurate to the best of my ability and belief.

Signature (optional): _____ Date: _____

EPO Staff Signature: _____	Date: _____
Incident Report Number: _____	

Please complete and submit via hand delivery, mail or fax to:

Employment Plan Officer, 1950 W. Polk Street, 9th Floor, Room 9507, Chicago, IL 60612 or epo@cookcountyhhs.org.