

REQUEST FOR EPO



COOK COUNTY HEALTH

DOCUMENTS

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

PREFERRED METHOD OF DELIVERY:

☐ MAIL ☐ E-MAIL

REQUESTED DOCUMENT:

- ☐ Incident Report of the Employment Plan Officer (redacted)
- ☐ HR Response to Incident Report (redacted)
- ☐ Ineligible for Rehire List

REPORT NUMBER(S): _____

Please use this form to request the Employment Plan Officer's Incident Report, Human Resource's Response to an Incident Report, and the Ineligible for Rehire List. **Use a separate form for each requested Report or List.**

You must fill this form out completely and submit it via person, U.S. Mail, email or facsimile to:

Kimberly Craft, Employment Plan Officer
Cook County Health
1950 W. Polk Street, 9th Floor – 9507
Chicago, Illinois 60612
Fax: (312) 864-0368
Email: epo@cookcountyhhs.org

This request will be fulfilled within 10 days.