

**OFFICE OF THE COOK COUNTY
COMPLAINT ADMINISTRATOR**

If you are a victim of **unlawful political discrimination** in connection with any aspect of government employment with Cook County **after February 2, 2007**, you may seek relief in accordance with the claim and arbitration procedure established by the Supplemental Relief Order (SRO) in *Shakman v. Cook County*, 69 C 2145 (N.D. Ill.) or pursuing a claim under applicable law. This form is to be used to initiate a claim under the SRO. Please file this form with the Cook County Complaint Administrator pursuant to the Agreed Order Appointing Post SRO Complaint Administrator for Cook County.

Political patronage can be defined as: the control of or power to make appointments to government jobs, or the power to grant other political favors; the distribution of jobs and favors on a political basis to those who have supported one's party or political campaign or political organization.

Please submit this form to:

Mark J. Vogel
Complaint Administrator
69 West Washington Blvd.
Suite 1416
Chicago, Illinois 60602
Telephone: (312) 603-8907

I, _____ (**Please Print**), hereby declare, under penalty of perjury pursuant to the Agreed Order Appointing Post SRO Complaint Administrator for Cook County, and the laws of the United States, as follows:

Date: _____

Address: _____

Home Telephone: (_____) _____

Cell phone: (_____) _____

Work Telephone: (_____) _____

Social Security Number: _____

Are you a Cook County employee?: _____

If "yes," which **Department:** _____

If "yes," what is your **job title:** _____

Date(s) of Violation(s): _____

Cook County Department(s) or Agency(ies) involved: _____

Please provide the name(s), title(s), and position(s) of the individual(s) involved and generally describe their involvement: _____

Please provide a narrative description of the violation(s) involved: *{Include as much detail as possible and attach additional pages if necessary}*: _____

Please provide the names of other people we may contact with direct knowledge of the alleged misconduct. {Include their name(s), address(es), and telephone number(s)}.

Please describe any damages (financial or otherwise) that you have suffered as a result of the violation(s) described **and the nature of the relief you are seeking**, including the amount of any financial damages you seek to recover? *{Include as much detail as possible in answering this questions and attach additional sheets if necessary}*.

We request that you submit copies of any documentation supporting your claim to the Complaint Administrator, and please list and describe the documentation here:

Signature of Post-SRO Complainant

SUBSCRIBED AND SWORN TO:

Before me this _____ day of _____, 20__.

Notary Public

Seal of Notary Public