

ACCORD COMPLAINT FORM

AGREED SETTLEMENT ORDER AND ACCORD (“ACCORD”)

**Entered in *Shakman, et al. v. Democratic Organization of Cook County, et al.*
(the “Shakman Case”)**

Date: _____

To: City of Chicago Inspector General’s Office
P.O. Box 2996
Chicago, Illinois 60654-2996

I, _____, hereby declare, under penalty of

perjury pursuant to the laws of the United States, as follows:

1. Address: _____

2. Telephone: _____

3. Date(s) of Violation(s): _____

4. City Department or Agency Involved:

6. What Damages Do You Claim?: (Include as much detail as possible about your damages and the amount you believe you are entitled to recover. For example, the following are examples of the sort of damages that might be applicable: lost wages, lost overtime, increased time and expense caused by being reassigned to a new location, etc.)

7. Total Amount of Money Damages Sought: \$_____

8. Documents that Support Your Claim: (Identify any documents you believe support your claim of political discrimination and attach copies if the documents are in your possession.)

9. Have you filed a claim, grievance or lawsuit about any of the events listed in your Accord Complaint in any court, administrative agency or before any other entity? If yes, please explain, including case number, court or agency. Also state the status or outcome of the claim, grievance or lawsuit.

I hereby certify under penalty of perjury that the statements in this Accord Complaint Form are true and accurate.

(Signature of Accord Complainant)