

REPORT OF RETALIATION (1 of 2)

Date: _____

To: Clifford L. Meacham
Shakman Compliance Administrator
Sheriff of Cook County
69 W. Washington
Suite 840
Chicago, IL 60602
312-603-8910
questions@sheriffshakman.com

1. Name: _____

2. Address: _____

3. Contact Number: Please let us know the best time and contact number for you:

(Home): _____

(Work): _____

(Cell): _____

4. Date(s) of violation(s): _____

5. Did you make a report of political discrimination? If so, please explain:

