

# REPORT OF RETALIATION (1 of 2)

Date: \_\_\_\_\_

To: Clifford L. Meacham  
**Shakman Compliance Administrator**  
**Sheriff of Cook County**  
69 W. Washington  
Suite 1416  
Chicago, IL 60602  
312-603-8910  
[questions@sheriffshakman.com](mailto: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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

