

SRO COMPLAINT FORM

PURSUANT TO THE

SUPPLEMENTAL RELIEF ORDER (“SRO”)

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

Date: _____

To: Sheriff’s Office of Professional Review
3026 S. California
Chicago, IL 60608

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. List your current position with the Sheriff’s Office, if any: _____
- 5. If you are no longer employed at the Sheriff’s Office, list your last position with the Sheriff’s Office and your last day of employment with the Sheriff’s Office: _____

- 6. List the Sheriff’s Department Involved in Your Complaint: _____

8. **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.)

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

10. **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.)

11. Have you filed a claim, grievance or lawsuit about any of the events listed in your SRO 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 SRO Complaint Form are true and accurate.

(Signature of SRO Complainant)

SUBSCRIBED AND SWORN TO
BEFORE ME THIS ____ DAY OF
_____, 200_.

NOTARY PUBLIC
[SEAL]