



KWAME RAOUL

Illinois Attorney General
Civil Rights Bureau
115 S. LaSalle St.
Chicago, IL 60603
312-814-3400
1-877-581-3692

www.IllinoisAttorneyGeneral.gov

Fill out the form online and click submit at the end of the form to send by email or print and mail to the address above. Include copies (no originals please) of any supporting documents.

YOUR INFORMATION:

Name: Mr. ☒ Mrs. ☐ Ms. ☐ (check one)

Jason Sherrick

Address:

1471 Brown St, Apt 3

City: State: Zip Code: County:

Des Plaines IL 60016 Cook

Your Telephone Number:

Daytime: (708) 483-9000 Ext: _____

Evening: (708) 483-9000 Ext: _____

Cell: (708) 483-9000

Your e-mail address: jasonsherrick@gmail.com

Preferred phone number(s) for communications with our office regarding your complaint:

☒ Daytime Phone ☐ Evening Phone ☒ Cell Phone

PERSON OR ENTITY YOU ARE COMPLAINING ABOUT:

Name:

Normandy House Inc

Type of Facility (Examples include: restaurant, hotel, doctor's office):

Housing Provider

Contact Person (Examples include: supervisor, manager):

Charles Frost - Director

Address:

1471 Brown St

City: State: Zip Code: County:

Des Plaines IL 60016 Cook

Telephone: [REDACTED] Ext.: _____

Website: www.normandysoberliving.org

Are you currently employed by the entity you are complaining about?

Yes ☐ No ☒

The Discrimination you experienced is based on [check appropriate box(es)]:

- | | | | |
|--|---|---|--|
| ☐ Age | ☐ Gender Identity | ☐ Familial Status | ☐ Order of Protection Status |
| ☐ Race | ☐ Marital Status | ☐ Citizenship Status | ☐ Military Status |
| ☐ Color | ☐ National Origin | ☐ Sexual Harassment | ☐ Unfavorable Discharge from Military |
| ☒ Religion | ☐ Sexual Orientation | ☐ Arrest Record | ☒ Other (Please specify) <u>Disability -</u> |
| ☐ Gender | ☐ Pregnancy | ☐ Ancestry | <u>Substance Use Disorder</u> |

Please describe your problem or concern. Please include dates, names and contact information:

Normandy House Inc is an exploitive
501(c)(3) that leverages illegitimate housing agreements to coerce participation in faith-based activities
under threat of immediate eviction, violating my civil rights and undermining my independent medical
care. This coercion stems from a broader pattern of financial exploitation reported to multiple agencies.
Please refer to the accompanying email and attachments for full details.

How were others in your situation treated? Other tenants face the same constant threat of immediate homelessness.

Myself and my roommates experience severe stress and panic attacks trying to meet the mandatory
meeting quotas and secure signatures to appease management.

Do you have witnesses who have information about your problem or concern? If so, state their names, addresses and phone numbers and the pertinent information they can provide.

Name: [REDACTED]

Address: [REDACTED]

Phone Number: [REDACTED]

Information the witness will provide: _____

Witness is a roommate who will testify he is being coerced into daily attendance of religious activities
against his will.

Name: [REDACTED]

Address: [REDACTED]

Phone Number: _____

Information the witness will provide: _____

He is a roommate who will testify he has experienced the same coercion

Name: _____

Address: _____

Phone Number: _____

Information the witness will provide: _____

Do you have any documents or other evidence to support your claim of discrimination? Yes ☒ No ☐
If so, please attach copies.

PLEASE DO NOT SEND ORIGINALS.

Have you filed a lawsuit or a charge of discrimination with any other agency, company, or group?

Yes ☐ No ☒ If your answer is yes, when? _____

Name of Entity: _____

Charge Number (if applicable): _____

What was the outcome? _____

Have you resolved your complaint through a formal or informal grievance procedure?

Yes ☐ No ☒ If your answer is yes, with whom? _____

What was the outcome? _____

READ THE FOLLOWING BEFORE SIGNING BELOW:

The Illinois Attorney General cannot obtain financial compensation on your behalf. You may also file a complaint with other government agencies, including the Illinois Department of Human Rights (IDHR), the Equal Employment Opportunity Commission (EEOC), the U.S. Department of Housing and Urban Development (HUD), or the U.S. Department of Education's Office for Civil Rights [OR, FOR DISABILITY-RELATED COMPLAINTS, THE U.S. DEPARTMENT OF JUSTICE, CIVIL RIGHTS DIVISION, DISABILITY RIGHTS SECTION]. Complaints with IDHR must be filed within 300 days of the discrimination, or within one year for housing-related complaints.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public to enforce laws designed to protect the public from patterns and practices of discrimination or discriminatory practices. I agree that the Attorney General's Office may use its discretion to determine whether an investigation is warranted, and I have no objection to the contents of this complaint being shared with the person or entity that I am complaining about. I understand that, if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I also understand that, under most circumstances, my complaint, and any documents submitted with my complaint, *may* be considered a public record and *may be* available to a member of the public upon request, subject to the exemptions provided under the Freedom of Information Act, 5 ILCS 140/7 and 5 ILCS 140/7.5.

I certify that I have read this complaint, and that the information that I have provided is true and accurate to the best of my knowledge.

Signature: _____

Date: 10/25/2026

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