Cook County State's Attorney's Office (CCSAO)
Asian American and MENA Data Collection and Language Access Hearing

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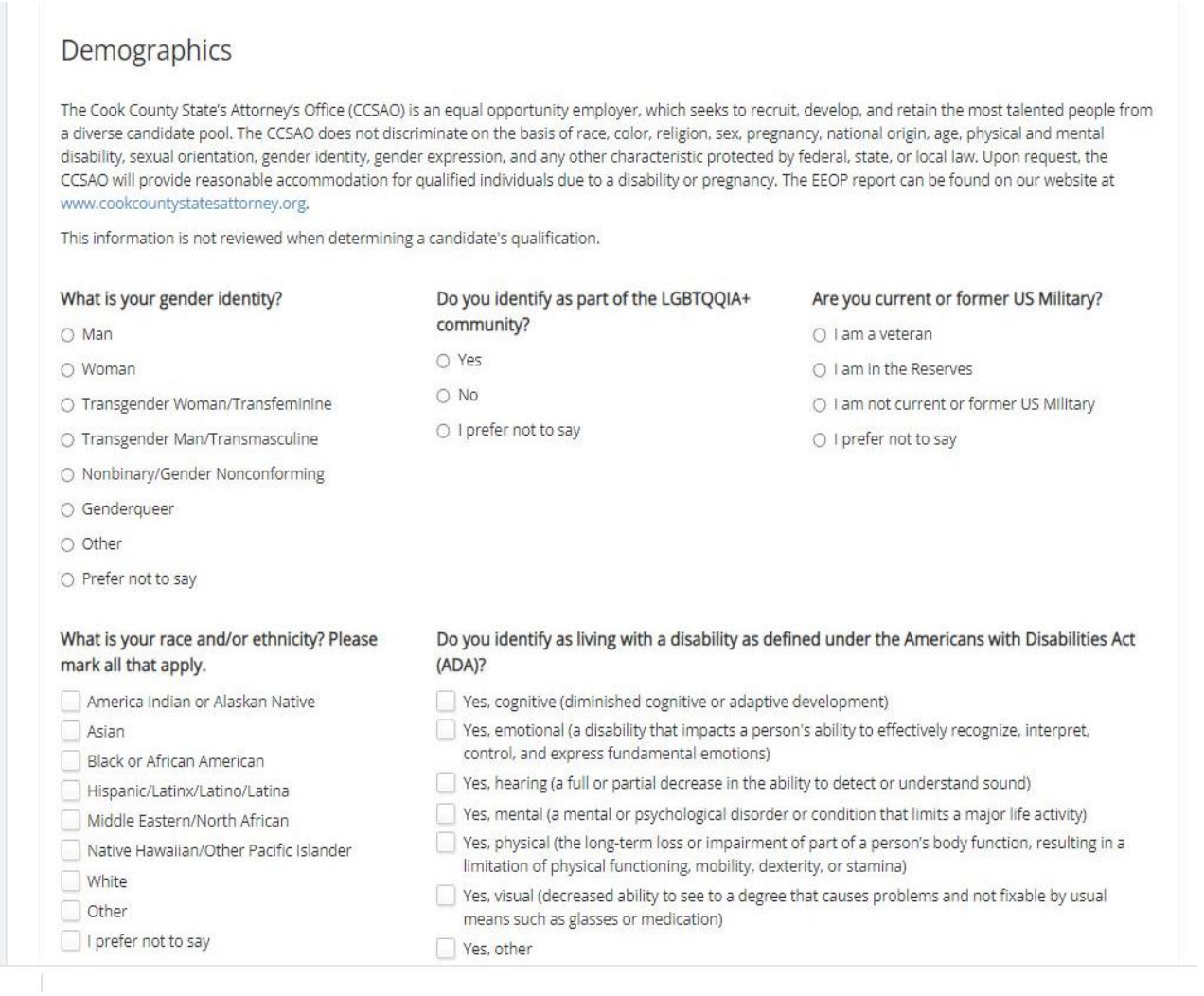
Wednesday, May 24, 2023

Collecting Better Workforce Data

- **EBS does not include MENA**
- **Voluntary "Human Resources Survey"**
- **New ClearCompany hiring platform**



Demographics

The Cook County State's Attorney's Office (CCSAO) is an equal opportunity employer, which seeks to recruit, develop, and retain the most talented people from a diverse candidate pool. The CCSAO does not discriminate on the basis of race, color, religion, sex, pregnancy, national origin, age, physical and mental disability, sexual orientation, gender identity, gender expression, and any other characteristic protected by federal, state, or local law. Upon request, the CCSAO will provide reasonable accommodation for qualified individuals due to a disability or pregnancy. The EEOP report can be found on our website at www.cookcountystatesattorney.org.

This information is not reviewed when determining a candidate's qualification.

What is your gender identity?

- ○ Man
- ○ Woman
- ○ Transgender Woman/Transfeminine
- ○ Transgender Man/Transmasculine
- ○ Nonbinary/Gender Nonconforming
- ○ Genderqueer
- ○ Other
- ○ Prefer not to say

Do you identify as part of the LGBTQQIA+ community?

- ○ Yes
- ○ No
- ○ I prefer not to say

Are you current or former US Military?

- ○ I am a veteran
- ○ I am in the Reserves
- ○ I am not current or former US Military
- ○ I prefer not to say

What is your race and/or ethnicity? Please mark all that apply.

- ☐ America Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic/Latinx/Latino/Latina
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ I prefer not to say

Do you identify as living with a disability as defined under the Americans with Disabilities Act (ADA)?

- ☐ Yes, cognitive (diminished cognitive or adaptive development)
- ☐ Yes, emotional (a disability that impacts a person's ability to effectively recognize, interpret, control, and express fundamental emotions)
- ☐ Yes, hearing (a full or partial decrease in the ability to detect or understand sound)
- ☐ Yes, mental (a mental or psychological disorder or condition that limits a major life activity)
- ☐ Yes, physical (the long-term loss or impairment of part of a person's body function, resulting in a limitation of physical functioning, mobility, dexterity, or stamina)
- ☐ Yes, visual (decreased ability to see to a degree that causes problems and not fixable by usual means such as glasses or medication)
- ☐ Yes, other

Data Collection Challenges

- The CCSAO data collection is limited to what police agencies collect

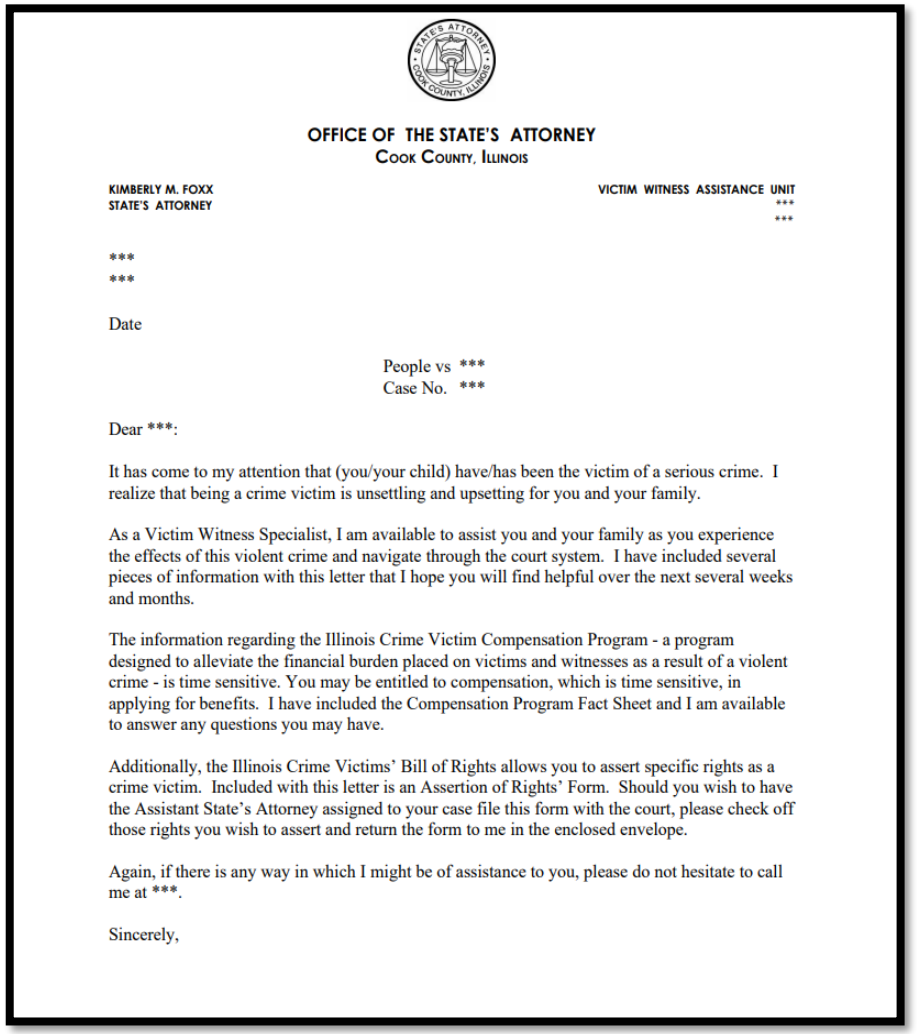
- CRIMES database

CCSAO Translation Services

- Chief Judge's Office
- Victim Witness Unit
- Voiance Service

Public Notifications

- Resource guides and pamphlets
- VINELink
- Victim update correspondence



OFFICE OF THE STATE'S ATTORNEY
COOK COUNTY, ILLINOIS

KIMBERLY M. FOXX
STATE'S ATTORNEY

VICTIM WITNESS ASSISTANCE UNIT
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***
***

Date

People vs ***
Case No. ***

Dear ***:

It has come to my attention that (you/your child) have/has been the victim of a serious crime. I realize that being a crime victim is unsettling and upsetting for you and your family.

As a Victim Witness Specialist, I am available to assist you and your family as you experience the effects of this violent crime and navigate through the court system. I have included several pieces of information with this letter that I hope you will find helpful over the next several weeks and months.

The information regarding the Illinois Crime Victim Compensation Program - a program designed to alleviate the financial burden placed on victims and witnesses as a result of a violent crime - is time sensitive. You may be entitled to compensation, which is time sensitive, in applying for benefits. I have included the Compensation Program Fact Sheet and I am available to answer any questions you may have.

Additionally, the Illinois Crime Victims' Bill of Rights allows you to assert specific rights as a crime victim. Included with this letter is an Assertion of Rights' Form. Should you wish to have the Assistant State's Attorney assigned to your case file this form with the court, please check off those rights you wish to assert and return the form to me in the enclosed envelope.

Again, if there is any way in which I might be of assistance to you, please do not hesitate to call me at ***.

Sincerely,

Opportunities

- Working with County
- Expand internal language capabilities
- Community engagement and employee resource groups

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Questions?