

Please use this form to file a complaint based on disability in the provision of services, activities, programs or benefits.

Please submit this form to the Human Rights Department at Illinois Valley Economic Development Corporation at 221 S Macoupin St. P.O. Box 88 Gillespie, IL 62033

**COMPLAINANT INFORMATION**

Name:

Home Phone:

Home Address:

Email:

1. Your claim is made against:

State Agency:

Name:

Title:

Address:

Phone:

2. Location(s) and date(s) of the circumstances giving rise to your complaint:

Are the circumstances of your complaint continuing?

Yes    No

