

Discrimination Complaint Form

Title VI and ADA

Section I:			
Name: _____			
Address: _____			
Telephone (Home): _____		Telephone (Work): _____	
Electronic Mail Address: _____			
Accessible Format Requirements?	☐ Large Print	☐ Audio Tape	
	☐ TDD	☐ Other	
Section II:			
Are you filing this complaint on your own behalf?		☐ Yes*	☐ No
<i>*If you answered "yes" to this question, go to Section III.</i>			
If not, please supply the name and relationship of the person for whom you are complaining.		_____	
Please explain why you have filed for a third party: _____			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		☐ Yes	☐ No
Section III:			
I believe the discrimination I experienced was based on (check all that apply):			
☐ Race	☐ Color	☐ National Origin	☐ Disability
Date of Alleged Discrimination (Month, Day, Year): _____			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.			

Section IV:			
Have you previously filed a Discrimination Complaint with this agency?		☐ Yes	☐ No

If yes, please provide any reference information regarding your previous complaint.

Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency: _____

☐ Federal Court: _____

☐ State Agency: _____

☐ State Court: _____

☐ Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI:

Name of agency complaint is against: _____

Name of person complaint is against: _____

Title: _____

Location: _____

Telephone Number (if available): _____

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

Signature _____

Date _____

Please submit this form in person at the address below, or mail this form to:

**Illinois Valley Economic Development Corporation
Gillespie Community Day Services
212 and 217 E Walnut St. Gillespie IL 62033
217-839-2195
aboda@ilvalley-edc.org**

A copy of this form can be found online at ilvalley-edc.org