



Title VI/ADA Complaint Form

Title VI of the Civil Rights Act of 1964 states that, "No person in the United States shall on the basis of race, color, or national origin, be excluded from participation in, be denied the benefit of, or otherwise be submitted to discrimination in any program, service, or activity receiving federal financial assistance."

This form may be used to file a complaint with the Sangamon County for alleged violations of Title VI of the Civil Rights Act of 1964. If you need assistance completing this form due to a physical impairment or other reasons, please contact us by phone at (217) 535-3130, mail us at 200 S. 9th Street, Springfield, IL 62701 or go to our website at www.sangamonil.gov.

SECTION I

Name of Person Filing Complaint

Mailing Address

City

State

Zip Code

Telephone (Home)

Telephone (Cell)

Email Address

Accessible Format requirements? Large Print TDD Audio Tape Other

SECTION II

Are you filing this complaint on your own behalf? Yes * No

** If you answered "yes" to this question, go to Section III.*

If you answered "no" please supply the name and relationship of the person for whom you are filing a complaint.

Name

Relationship

Please explain why you are filing for this person.

Please confirm that you have obtained the permission of the aggrieved party to file this complaint on their behalf. Yes No

SECTION III

I believe the discrimination experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination:

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 Title VI Complaint with Sangamon County?

Yes

No

SECTION V

Have you filed this complaint with any of the following?

Federal Agency _____

State Agency _____

Local Agency _____

Federal Court _____

State Court _____

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

Name

Title

Agency

Mailing Address

Email Address

Telephone Number

You may attach any written materials or other information that you think is relevant to your complaint.

Signature

Date

***Please submit form to:* Charles Stratton, Title VI Coordinator
Sangamon County
200 South 9th Street, Room 205
Springfield, IL 62701**