Title VI 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 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, Room 205, Springfield, IL 62701 or go to our website at www.co.sangamon.il.us.

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: **Title VI Coordinator**
Sangamon County
200 South 9th Street, Room 205
Springfield, IL 62701