



DuPage County Title VI Complaint Form

Description: Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits off, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you feel you have been discriminated against in transit services, please complete the following information to assist us in processing your complaint and select 'Submit' to email the form or print and mail the form to:

Mary A. Keating, Director
DuPage County Department of Community Services
421 N. County Farm Road
Wheaton, IL 60187

Please type your responses in the provided fields:

Complainant’s Name: _____

Address: _____

City, State, Zip Code: _____

Telephone/Cellular Number: _____

Email: _____

Do you prefer to be contacted via this email address? Yes No

Are you filing this complainant on your own behalf? Yes No

Name of person allegedly discriminated against: _____

Street Address of person alleged discriminated against: _____

City, State, Zip Code of person allegedly discriminated against: _____

Telephone Number(s): _____

Email Address: _____

What is your relationship to the person for whom you are filing the complaint?

If you are not the complainant, please confirm that you have obtained permission of the aggrieved party if you are filing on behalf of a third party:

Yes, I have permission No, I do not have permission

Please check off why you believe discrimination occurred (check all that apply):

- Race
- National Origin
- Income
- Color
- Other (explain): _____

What was the date of the alleged discrimination: _____

Where did the alleged discrimination take place? _____

Please describe the circumstances as you saw them:

Please list all known witnesses' names and contact information:

What type of corrective action would you like to see taken?

Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State Court? _____ Yes (check all that apply below) _____ No

_____ Federal Agency: Name of agency _____

_____ Federal Court: Provide location _____

_____ State Court

_____ State Agency: Name of agency _____

_____ County Court: Specify Court and County _____

_____ Local Agency: Name of agency _____

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

Name: _____ Title: _____

Agency: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please attach any documents you have which support the allegation, then sign and date this form and send to the person listed on the first page of this form:

Signature

Print your name

Date