



Community Action Partnership of Central Illinois

Corporate Office: 1800 5th Street, Lincoln, IL 62656

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Email Address:				
Accessible Format Requirements?	Large Print	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audio Tape	<input type="checkbox"/> Yes <input type="checkbox"/> No
	TDD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Section II:				
Are you filing this complaint on your own behalf?		<input type="checkbox"/> Yes*		<input type="checkbox"/> No
*If you answered "yes" to this question, go to Section III				
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.		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Age (40+)	<input type="checkbox"/> Ancestry	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> National Origin

PHONE: 217-732-2159

WEB: WWW.CAPCIL.INFO

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CAPCIL does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the US Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the US and Illinois Constitutions. If you feel you have been discriminated against, you have a right to file a complaint. For information, contact EEO Officer at 217-732-2159.

<input type="checkbox"/> Religion	<input type="checkbox"/> Unfavourable Military Discharge	<input type="checkbox"/> Aiding and Abetting/Coercion (helping or forcing a person to commit discrimination)	<input type="checkbox"/> Physical or Mental Disability (unrelated to ability to do the job)	<input type="checkbox"/> Arrest Record (or criminal history record ordered expunged, sealed, or impounded)
<input type="checkbox"/> Race	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Color (Complexion)
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Military Status	<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Citizenship Status	<input type="checkbox"/> Order of Protection Status
<input type="checkbox"/> Retaliation (complained about unlawful discrimination claim, or testified at a discrimination hearing)				
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 Title VI complaint with this agency?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

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: _____

State Agency: _____

Federal Court: _____

Local 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: Community Action Partnership of Central Illinois

Contact Person: Marty Ryan

Title: Human Resources Director

Telephone Number: 217-732-2159 Ext. 262

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

Signature and date required below

x _____
Signature Date

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

Community Action Partnership of Central Illinois
Attn: Marty Ryan, Human Resources Director
1800 5th Street, Lincoln IL, 62656