

Complaint Form

Federal and State laws and regulations require the State of Illinois to comply with all nondiscrimination laws, including but not limited to the federal Civil Rights Act of 1964, the Americans with Disabilities Act, and the Illinois Human Rights Act. This includes ensuring that all individuals can meaningfully access State of Illinois services, benefits, and programs. If you feel have been denied and/or restricted access to State services, benefits, or programs on the basis of your age, race, sex, disability, national origin, sexual orientation, or any other protected reason, please complete this form and submit to Vickie Simpson, Language Access Plan Coordinator at vickie.simpson@illinois.gov.

Information About You Your Name and Address:		Your Telephone Number(s) and Email:	
Name		Home	
Address		Alternate	
City		What is a convenient time to contact you?	
State		AM	PM
ZIP Code		Email	
Basis of Complai	nt:		
Please check all that app	ly		
Race	Sex	Gender Identity	Disability
Color	Age	Pregnancy	Retaliation
Religion	National Origin	Citizenship Status	Sexual Harassment
Sexual Orientation	Language Access	Arrest Record	Other
Information Abo	ut Your Complair	nt	
Please identify the State complaining occurred:	of Illinois Office (or other	· location) where the incide	ent(s) about which you are
Please identify as best you incident(s):	ou can the State of Illinois	employee(s) and/or other	person(s) involved in the

Please identify the approximate tir	ne(s) and date(s) when the incid	ent(s) occurred:
hat they did and/or said, includir nother, were treated differently t	ng any offensive or derogatory la han others; if you tried and were	nformation as: who was involved an inguage used; if you feel that you, or e not able to access State informatio ou require additional space or have
dditional written material pertain	ing to your complaint, please at	tach to this form.
Do you have witnesses who have inddresses, and phone numbers.	nformation about your complair	nt? If so, please state their names,
Name	Address	Telephone Number
Language Access:	r complaint concerns access to g	overnment services in the language
hat you speak or write.		
1. What language(s) do you s	peak?	
2. Do you read and write in y	our language?	
3. Did you have help complet	ing this form?	
If you answered "Yes" to # assisted you:	3, please list the name and cont	act information for the person who
certify that I have read this comp		hat I have provided is true and
·		
iignature	Date	