



## 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 Menard 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) 632-4412, mail us at 102 S. Seventh Street, Petersburg, IL 62675 or go to our website at [www.menardcountyil.gov](http://www.menardcountyil.gov)

SECTION I		
Name of Person Filing Complaint		
Mailing Address		
City	State	Zip Code
Telephone (Home)	Telephone (Cell)	
Email Address		
Accessible Format requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other		
SECTION II		
Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes * <input type="checkbox"/> No <i>* If you answered "yes" to this question, go to Section III.</i>		
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. <input type="checkbox"/> Yes <input type="checkbox"/> 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**

