TITLE VI COMPLAINT FORM

City of Chicago Department of Transportation (CDOT)

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD		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 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			Yes	No	
aggrieved party if you are filing on behalf of a third party.			105	110	
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
[] Race [] Color [] National Origin					
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?		n this	Yes	No	
Section V					
Have you filed this compla	int with any other Feder	al, State, or l	ocal agency, or w	vith any Federal	

or State court?	
[] Yes [] No	
If yes, check all that apply:	
[] Federal Agency:	
[] Federal Court	[] State Agency
[] State Court	[] Local Agency
Please provide information about a contact per filed.	rson at the agency/court where the complaint was
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	
You may attach any written materials or other i complaint.	nformation that you think is relevant to your
Signature and date required below	
Signature	Date
Please submit this form in person at the address City of Chicago Department of Transportation	s below, or mail this form to:

Please submit this form in person at the address below, or mail this form to: City of Chicago Department of Transportation Title VI Coordinator - PIO 30 North LaSalle Street, Suite 1100 Chicago, IL 60602

If information is needed in another language contact, 312-744-3600. Si necesita esta información en otro lenguaje, llame al 312-744-3600. Jeśli potrzebne są informacje w innym języku, prosimy o kontakt z nami pod numerem 312-744-3600. 如果需要以另一語言獲得相關資訊,請聯絡 312-744-3600.