

Title VI Complaint Form

**Kendall County Government
Title VI of the Civil Rights Act of 1964
Discrimination Complaint Form**

Kendall County Government (the "County") is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, national origin, or any other protected class as amended from time to time, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Kendall County Administrator by telephone at (630) 553-4171, via email at kadmin@kendallcountyil.gov, or via mail at Kendall County Administrator, 111 W. Fox Street, Yorkville, IL 60560. This completed form must be returned to the Kendall County Administrator via any of the contact methods indicated above.

Your Name: _____

Street Address: _____

Phone: _____ Alternate Phone: _____

Electronic Mail Address: _____

Person discriminated against (if someone other than complainant):

Name(s): _____

Street Address, City, State & Zip Code: _____

Which of the following best describes the reason for the alleged discrimination that took place?

- Race
- Color
- National Origin (Limited English Proficiency)
- Other Protected Class (please list): _____

Date of Incident: _____

Please describe the alleged discrimination incident (attach additional pages if needed):

Have you filed a complaint with any other federal, state or local agencies? Yes No
 If yes, list agency/agencies and contact information below:

Agency: _____ Contact Name: _____
 Street Address, City, State & Zip Code: _____

Agency: _____ Contact Name: _____
 Street Address, City, State & Zip Code: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

Complainant's Signature Date
 Print or type name of Complainant: _____

For County Use Only

Date Received: _____ Received By: _____