



Chicago Metropolitan Agency for Planning

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Chicago, Illinois 60606

312 454 0400
www.cmap.illinois.gov

Title VI Complaint Form

Section I:			
Last Name:		First Name:	
Street Address:			
City:		State:	ZIP Code:
Work Telephone:	Other Telephone:	email:	
Section II:			
Are you filing this complaint for yourself?		<input type="checkbox"/> Yes (go to Section III) <input type="checkbox"/> No (answer the following questions <i>about the person for whom you are complaining</i>)	
Last Name <i>of Person for Whom you are Complaining</i> :		First Name:	
Street Address:			
City:		State:	ZIP Code:
Work Telephone:	Other Telephone:	email:	
Please explain why you are filing for this person:			
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:			
Which of the following describes the reason for the alleged discrimination? (Check all that apply)		<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	
Date of alleged discrimination (Month, Day, Year): _____			

Please describe the incident and why you believe you were discriminated against. Include as many specific details as possible. If more space is needed, use the back of this form.

Name and contact information, or description, of person(s) who discriminated against you:

Name and contact information, or description, of person(s) who were involved or witnessed the incident:

Section IV:

Have you filed this complaint with any other federal, state, or local agency? Check all that apply, and supply contact information below. If additional space is needed, use the back of this form.

- Federal Agency
- Federal Court
- State Agency
- State Court
- Local Agency
- Not filed with any other agency

Contact Name:

Contact Title:

Agency or Court:

Street Address:

City:

State:

ZIP Code:

Telephone:

email or web site:

Section V:

I affirm that the above statement is true to the best of my knowledge:

Complainant's Signature

Date