

Office of the Secretary of State  
Department of Personnel  
**COMPLAINT FORM**

Driver Services Department of the Illinois Secretary of State



Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the basis of race, color, national origin, sex, age, disability, low income and limited English proficiency (LEP), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance."

Illinois Human Rights Act, Freedom from Unlawful Discrimination, provides "to secure for all individuals within Illinois the freedom from discrimination against any individual because of his or her race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, pregnancy, or unfavorable discharge from military service in connection with employment, real estate transactions, access to financial credit, and the availability of public accommodations."

If you feel you have been discriminated against in services provided by the Driver Services Department of the Illinois Secretary of State\* please provide the following information to assist in processing your complaint.

\* For discrimination allegations regarding employment with the Secretary of State, please consult the website at: [http://www.cyberdriveillinois.com/departments/personnel/equal\\_employ.html](http://www.cyberdriveillinois.com/departments/personnel/equal_employ.html).

**PLEASE PRINT CLEARLY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Person alleging discrimination (if different from above): \_\_\_\_\_

Address of person alleging discrimination: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of alleged discrimination: \_\_\_\_\_

Please indicate on what basis you believe discrimination occurred:

- |  |  |
|--|--|
| <input type="checkbox"/> Race or Color   | <input type="checkbox"/> Income                          |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> LEP                             |
| <input type="checkbox"/> Sex             | <input type="checkbox"/> Disability (Physical or Mental) |
| <input type="checkbox"/> Age             |  |

Violations under the Illinois Human Rights Act:

- |   |  |
|---|--|
| <input type="checkbox"/> Religion                             | <input type="checkbox"/> Pregnancy                                   |
| <input type="checkbox"/> Order of Protection Status           | <input type="checkbox"/> Unfavorable Discharge from Military Service |
| <input type="checkbox"/> Marital Status                       | <input type="checkbox"/> Retaliation                                 |
| <input type="checkbox"/> Military Status                      | <input type="checkbox"/> Sexual Harassment                           |
| <input type="checkbox"/> Sexual Orientation                   | <input type="checkbox"/> Ancestry                                    |
| <input type="checkbox"/> Availability of Public Accommodation |  |

SOS facility or location where alleged discrimination occur: \_\_\_\_\_

Name of SOS employee involved (if known): \_\_\_\_\_

Please describe the circumstances of the alleged discrimination (attach an additional page if necessary):

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List of witness(es) names and telephone numbers:

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What type of corrective action are you seeking?

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Please attach any documents you have to support the allegation. Sign and date this form and send to:

Illinois Secretary of State  
Equal Opportunity Employment Officer  
17 N. State, Suite 1300  
Chicago, IL 60602  
Phone: 312-793-5515  
Fax: 312-814-6877

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Phone Number