FAYCO Enterprises, Inc. Title VI Complaint Form

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| **Section I:** | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Telephone (home) Telephone (work) | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | |
| Accessible Format Requirements? | Large Print |  | | | | | Google Translator | | | |  |
| TDD |  | | | | | Other | | | |  |
| **Section II:** | | | | | | | | | | | |
| Are you filing this complaint on your own behalf | | | | | Yes | | | | No | | |
| \*If you answered “yes” to this question, so 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  Aggrieved party if you are filing on behalf of a third party. | | | | Yes | | | | No | | | |
| **Section III:** | | | | | | | | | | | |
| I believe the discrimination I experienced was based on (check all that apply):  ( ) Race ( ) Color ( ) National Origin ( ) Age  ( ) Disability ( ) Family or Religious Status ( ) Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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? | | | | | | Yes | | | | No | |

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| **Section V:** |
| Have you filed a complaint with any other Federal, State, or local agency, or with any  Federal or State court?  ( ) Yes ( ) No  If yes, check all that apply  ( ) Federal Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) State Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( ) Federal Court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) State Court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( ) Local agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please provide information about a contact person at the agency/court where the complaint  was filed: |
| Name: |
| Title: |
| Agency: |
| Address: |
| Telephone: |
| **Section VI:** |
| Name of agency complaint is against: |
| Contact person: |
| Title: |
| Telephone: |

You may attach any written materials or other information that you think is relevant to our complaint. Signature and date required below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please submit this form in person at the address below, or mail this form to:

FAYCO Enterprises, Inc

P.O. Box 277

1313 Sunset Drive

Attn: Sherry Hicks, Director of Finance & Support

Vandalia, IL 62471

(618) 283-0638