

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: https://www.ilsos.gov/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:

____ Race or Color
____ National Origin
____ Sex
____ Age

____ Income
____ LEP
____ Disability (Physical or Mental)

Violations under the Illinois Human Rights Act:

____ Religion
____ Order of Protection Status
____ Marital Status
____ Military Status
____ Sexual Orientation
____ Availability of Public Accommodation

____ Pregnancy
____ Unfavorable Discharge from Military Service
____ Retaliation
____ Sexual Harassment
____ Ancestry

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):

List of witness(es) names and telephone numbers:

What type of corrective action are you seeking?

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