



"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know. Please mail or return this form to:

Annette Skafgaard., Executive Director
St. Coletta's of Illinois, Inc.
18350 Crossing Drive, Tinley Park, IL 60487
708-342-5279 (Fax)
info@stcil.org

SECTION I			
Name	Email Address	Phone	
Street Address	City	State	Zip
SECTION II			
1. Are you filling out this complaint on your own behalf?		<input type="checkbox"/> Yes (go to Section III)	<input type="checkbox"/> No (go to #2)
2. If you answered "no" to question 1, please describe your relationship to the person (complainant) for whom you are filing and why you are filing for a third party.			
Name of person filing complaint	Email Address	Phone	
Street Address	City	State	Zip
Relationship to the person (complainant):			
Reason you are filing for a third party:			
3. Have you obtained permission of the aggrieved party (complainant) to file this complaint on his or her behalf?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION III			
1. Date of Alleged Discrimination			
2. Discrimination based on:		<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Other _____	

3. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons involved, include name and contact information of persons who discriminated against you (if known).			
4. Where did alleged discrimination take place?			
5. What kind of corrective action would you like to see taken?			
6. Please list any and all witness' names and contact information.			
Name			Phone
Street Address	City	State	Zip
SECTION IV			
1. Have you previously filed a Title VI complaint with St. Coletta's of Illinois, Inc.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you filed this complaint with any other federal, state, or local agencies or with any state or federal court?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", please check all that apply:			
<input type="checkbox"/> Federal Agency	<input type="checkbox"/> State Court		
<input type="checkbox"/> Federal Court	<input type="checkbox"/> Local Agency		
<input type="checkbox"/> State Agency	<input type="checkbox"/> Local Court		
3. If filed at an agency and/or court, please provide information for your point of contact at the agency/court where the complaint was filed:			
Agency/Court			
Contact Name	Address	Phone Number	
SECTION V			
Please attach additional documentation as necessary.			
I affirm that I have read the above charge and it is true to the best of my knowledge.			
Complainant's Signature: _____ Date: _____ Printed Name of Complainant: _____			