



CHICAGO DEPARTMENT OF AVIATION

CITY OF CHICAGO

Title VI Complaint Form

The Chicago Department of Aviation is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, national origin, age, sex, creed, disability, or any other federally protected category as provided by the Title VI of the Civil Rights Act of 1964, as amended. Additionally, 49 U.S.C. 47123 further prohibits recipients of the US Department of Transportation financial assistance from engaging in discrimination based on race, color, national origin, age, sex, creed, disability, or any other federally protected category. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (773)686-3522. The completed form must be returned to: Chicago Department of Aviation, Title VI Coordinator, 10510 W. Zemke, Chicago, IL 60666.

Personal Information:

Your Name: _____ Phone: _____

Street Address: _____

Country: _____ City: _____ State: _____ Zip Code: _____

Person(s) discriminated against (if someone other than the complainant):

Name: _____ Phone: _____

Street Address: _____

Country: _____ City: _____ State: _____ Zip Code: _____

Complaint details:

Which of the following best describes the reason for the alleged discrimination? (Check one)

Race _____ Color _____ National Origin _____ Age _____ Sex _____ Creed _____ Disability _____

Date of Incident: _____ Time of Incident: _____

Have you filed a complaint with any other federal, state or local agencies? (Check one) yes ___ No ___

Agency: _____ Contact Name: _____ Phone: _____

Please describe the alleged discrimination incident and the names of those responsible. Explain what happened, whom you believed was responsible, and other specific relevant information. Please use a separate page if additional space is required.

I affirm that I have read the above charge and it is true to the best of my knowledge.

Complainant's Signature: _____ Date: _____

Print or Type Name of Complainant: _____