State of Illinois
Department of Human Services - Bureau of Civil Affairs

INDIVIDUAL/APPLICANT DISCRIMINATION COMPLAINT FORM*

Complainant Information			
Name:			
Current Address: (STREET NAME & NUMBER)	City:	State:	Zip Code:
County:	Home/Cell Phone Number:		

I, _____ , complain that the Department discriminated against me by the
(Complainant)

actions of _____ at:
(Respondent - name and job title)

Facility/Local Office Name	Facility/Local Office Address	Facility/Local Office Telephone

The basis for this complaint is: ☐ Age ☐ Race ☐ Color ☐ Sex ☐ National Origin ☐ Ancestry
☐ Religion ☐ Physical or Mental Disability ☐ Political Affiliation (for food stamp recipients only)

Alleged Facts (please include name(s) and phone number(s) of any witness(es) and for additional space, please attach an additional page):

Relief Requested (for additional space, please attach an additional page):

Complainant's Signature	Date

*This complaint is being filed in accordance with Title VI of the Civil Rights Acts of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Illinois Human Rights Act (775 ILCS 5) The Food Stamp Act of 1977, the Americans with Disabilities Act and Section 504 Grievance Procedure.

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THIS SECTION FOR FACILITY/LOCAL OFFICE RESPONSE ONLY	
BCA Investigator's Printed Name	Date complaint received by BCA
BCA Investigator's Signature	Date Signed
Facility's Response (for an additional space, please attach an additional page):	
Facility/Local Office Administrator's Printed Name (if applicable)	
Facility/Local Office Administrator's Signature (if applicable)	Date Signed
Appeal requested: ☐ Yes ☐ No Date requested:	
If yes, Printed Name and Signature of person requesting the appeal	
Appeal Response (if applicable)(for additional space, please attach an additional page):	
Department's Chief EEO Officer or Designee's Printed Name	Position Title
Department's Chief EEO Officer or Designee's Signature	Date Signed

Please mail or return form to:

Bureau of Civil Affairs Office
401 S. Clinton, 6th Floor
Chicago, IL 60607

or

Bureau of Civil Affairs Office
100 S. Grand Ave. East, 3rd Floor
Springfield, IL 62762

Email: DHS.CivilAffairsComplaint@illinois.gov

Each individual also has the right to file a formal charge within 180 days of the alleged violation with the U.S. Dept. of Health and Human Services/Office of Civil Rights or the U.S. Dept. of Agriculture; and within 300 days with the IL Dept. of Human Rights.

Illinois Department of Human Rights
555 West Monroe Street, 7th Floor
Chicago, IL 60661
(312) 814-6200 (Voice calls only)
(866) 740-3953 (TTY calls only)
(312) 814-6251 (Fax - Charge Processing)
IDHR.Intake@illinois.gov
www2.illinois.gov/DHR

Illinois Department of Human Rights
524 South 2nd Street, Suite 3000
Springfield, IL 62701
(217) 785-5100
(866) 740-3953 (TTY)
(217) 785-5106 (FAX)
IDHR.Intake@illinois.gov
www2.illinois.gov/DHR

U.S. Department of Agriculture
Director, Office of Civil Rights
Whitten Building - Room 326-W
14th & Independence Avenue, SW
Washington, DC 20250-9410
(202) 720-5964 (Voice and TTY)

U.S. Department of Health and Human Services/Office for Civil Rights
233 N. Michigan Ave., Suite 240
Chicago, IL 60603
(800) 368-1019 (Voice calls only)
(800) 537-7697 (TTY calls only)
(202) 619-3818 (Fax)

U.S. Department of Justice
Office of the Americans with Disabilities Act
Civil Rights Division
P.O. Box 66738
Washington, DC 20036-6738
(800) 514-0301 (Voice)
(800) 514-0383 (TTY)

Please return the completed form, with copies of supporting documentation to the Bureau of Civil Affairs.