

**Voluntary Action Center of DeKalb County  
Title VI Complaint Form**

Voluntary Action Center of DeKalb County (VAC) 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 or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. 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 VAC EEO Officer (Executive Director) at (815) 758-3932. The completed form must be returned to VAC, EEO Officer (Executive Director), 1606 Bethany Rd., Sycamore, IL 60178.

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Person discriminated against (if someone other than complainant):

Name(s): \_\_\_\_\_

Street Address, City, State & Zip Code: \_\_\_\_\_

Which of the following best describes the reason for the alleged discrimination that took place?  
(Circle One)

Race

Color

National Origin (Limited English Proficiency)

Date of Incident: \_\_\_\_\_



Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No  
If so, list agency / agencies and contact information below:

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address, City, State & Zip Code \_\_\_\_\_

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address, City, State & Zip Code \_\_\_\_\_

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

\_\_\_\_\_  
**Complainants Signature** **Date**

Print or type name of complainant: \_\_\_\_\_

**For VAC Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_