## SHOW BUS DISCRIMINATION COMPLAINT FORM

Last Name	First Name	Male	
		Female	
Mailing Address	City/State	Zip	
Home Telephone	Other Telephone	E-mail Address	
Do you wish to remain anonymous?	Yes	No	
Alleged Discrimination:			
Race	Color National		
Origin			
Race of Complainant:			
Black	White Hispanic	Asian American	
American Indian A	laska Native Pacific Islando	er Other	
How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents if available.			
Date and place of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date(s) of discrimination.			
The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by the laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Describe the action you took which you believe was the cause for the alleged retaliation.			
Name(s) of individual(s) responsible for the discriminatory action(s).			
Name(s) of person(s) who may be contacted for additional information to support or clarify your complaint. (Attach additional sheets, if necessary).			
<u>Name</u>	Address	<u>Telephone</u>	

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What action(s) have you or your representative done to attempt to resolve this of	pomplaint? Diagon include		
filing dates or other dates as applicable.	complaint? Please include		
<u>Action</u>	<u>Date</u>		
Filed with another local agency			
Filed with a State agency			
Filed with a Federal agency			
Filed with another Federal agency Filed with a local, State or Federal Court(specify)			
Other action			
Briefly explain what action you are seeking.			
Complainant's Signature	Date		
Mail Complaint Form To: CHOW PHC			
Mail Complaint Form To: SHOW BUS 510 Hoselton Drive			
Chenoa, IL 61726			
For Official Use Only			
Date Complaint Received:			
Referred to:			
Date Referred:			