

DUNNET BAY

CONSTRUCTION

115 N. Brandon Drive • Glendale Heights, Illinois 60139
Telephone: (630) 539-1200 • Fax: (630) 539-4171

External Complaint of Discrimination

Send Complaints to:

Katina Kaftantzis
Title VI Coordinator
Dunnet Bay Construction
115 North Brandon Drive
Glendale Heights, IL 60139
Phone: 630-539-1200 xtn. 224
[Email: k.kaftantzis@dunnetbay.net](mailto:k.kaftantzis@dunnetbay.net)

INSTRUCTIONS:

The purpose of this form is to help any person interested in filing a discrimination complaint with Dunnet Bay Construction. If the complaint is against Dunnet Bay Construction, Dunnet Bay Construction's Title VI Coordinator will forward it to the appropriate government agency for investigation.

You are not required to use this form. You may write a letter with the same information, sign it and return it to the address printed above.

All items in bold must be completed for your complaint to be investigated. Failure to provide complete information may impair the investigation of your complaint. Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulations (Title VI) prohibit discrimination on the basis of race, color, national origin, sex, age, disability/handicap or income status in connection with programs or activities receiving federal financial assistance from the United States Department of Transportation, Federal Highway Administration and/or Federal Transit Administration.

Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. Complaints may also be filed using alternative formats, such as computer disk, audiotape or Braille. You have a right to seek private counsel.

Dunnet Bay Construction and its sub-recipients, consultants, and contractors are prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI or other nondiscrimination authorities. Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address above.

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

****Your complaint cannot be processed without your signature.**

COMPLAINANT INFORMATION

Name (first, middle, and last)

Address (number and street, city, state and ZIP code)

Home telephone number

Work telephone number

Cellular telephone number

PERSON/ AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU

Name (first, middle, and last)

Title

Name of Company

Address (number and street, city, state and ZIP code)

Home telephone number

Work telephone number

Cellular telephone number

When was the last alleged discrimination act? (month, day, year)

If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

The alleged discrimination was based on:

Race

Color

Age

Gender

National Origin

Disability

Ancestry

Retaliation

Religious Affiliation

Describe the alleged act(s) of discrimination. (use additional pages, if necessary.)

Name of complainant

Date (month, day, year)

Provide the names of any individuals with additional information regarding your complaint:

Name of witness 1 (first, middle, and last)

Title

Name of Company

Address (number and street, city, state and ZIP code)

Home telephone number

Work telephone number

Cellular telephone number

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

Name of witness 2 (first, middle, and last)

Title

Name of Company

Address (number and street, city, state and ZIP code)

Home telephone number

Work telephone number

Cellular telephone number

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

Name of witness 3 (first, middle, and last)

Title

Name of Company

Address (number and street, city, state and ZIP code)

Home telephone number

Work telephone number

Cellular telephone number

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

Name of complainant

Date (month, day, year)

How would you like your complaint resolved?

Have you filed a complaint alleging the same discrimination with another party?

Yes No

If yes, please provide the following information for each party:

Name of Party

Date complaint filed (month, day, year)

Case number assigned to your complaint

Current status of your complaint

Signature

Date signed (month, day, year)