



Illinois Department of Revenue

Access Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the basis of race, color, national origin, sex, age, disability, low income and limited English proficiency (LEP), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance.” (42 U.S.C. §2000d et seq.)

The Illinois Department of Revenue (IDOR) is committed to providing meaningful access to all visitors, including individuals who are limited English proficient (LEP), by addressing access issues.

An **access issue** identifies barriers to access which may include things such as inaccessible websites, videos without captions, lack of interpreter or translation services, or barriers related to an event, service, program, or facility.

If you have an access issue, please complete this form and submit it within thirty (30) days of the date of the incident by one of the following methods:

Mail To: Illinois Department of Revenue
 101 W. Jefferson St., MC 6-500
 Springfield, IL 62702
 Attention: EEO Officer

Fax to: 217 782-6337
 For additional information and/or assistance,

Email to: REV.EEO@illinois.gov

contact the Equal Employment Opportunity (EEO) Office by email at REV.EEO@illinois.gov or visit IDOR’s website at tax.illinois.gov.

All personal information in your complaint will be kept confidential.

Tell us about your access issue(s)

Step 1. Information about you

Please complete the information below.

Check this box and skip to Step 2 if you prefer to stay anonymous.

Please note: You must include your contact information if you wish to be informed of the steps we are taking in response to your access issue.

Name	Primary phone
Email	Alternative phone
Address	
City / State / ZIP	

Preferred language: _____

Best time to reach you (please select one): 8 am to 12 pm (CST) 12 pm to 4 pm (CST)

Did you have someone help you with completing this form? Yes No *If “Yes” include the contact information for the person who assisted you (Name/Phone/Email).* _____

Step 2. What service(s) do you need? _____

Identify type of service(s) needed? (Please check all that apply.)

- Read Write Audio Video Interpreter
 Other (please explain): _____

Step 3. What access issues/problems did you have? (Please check all that apply.)

- I was not offered an interpreter Inaccessible website
 I asked for an interpreter and was denied Video without caption
 The interpreter's skills were not good Facility issues
 I was not given forms or notices I can understand (list documents needed in Step 4 below)
 Other

Step 4. Describe your complaint

Please provide details related to your complaint that describe the problem(s) or concern(s). *Details may include, but are not limited to: incident location; date and time incident occurred; IDOR systems involved (i.e. software, webpages or documents on the website); employees or other people involved.* Additional sheets may be attached if necessary.

If there are additional witnesses to the incident(s) or concern(s) who were not identified in the response above, please provide each witness's name, phone number, and email address below.

Name	Phone Number	Email

Step 5. What type of corrective action are you seeking? _____

I certify that the information I have provided on this form is true and correct to the best of my knowledge.