

**TITLE VI POLICY STATEMENT**  
**VILLAGE OF MARYVILLE, ILLINOIS**

The Village of Maryville, Illinois ("Maryville") is committed to a policy of nondiscrimination 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.

**It is Maryville's objective to:**

- Ensure that the level and quality of Maryville's service is provided without regard to race, color, or national origin;
- Identify and address as appropriate, disproportionately high and adverse human health and environmental effects, including social and economic effects of programs and activities on minority populations and low income populations;
- Promote the full and fair participation of all affected populations in Maryville's decision-making;
- Prevent the denial, reduction or delay in benefits related to programs and activities that benefit minority populations or low-income populations; and
- Ensure meaningful access to programs and activities by persons with Limited English Proficiency ("LEP").

The Mayor, Board of Trustees, Department Heads, and all employees share the responsibility for carrying out Maryville's commitment to Title VI. The Title VI Complaint Form is available at [www.vil.maryville.il.us](http://www.vil.maryville.il.us) and (618) 345-7028 Ext. 6. Accessible formats available upon request.

A complainant may file directly with the Illinois Human Rights Commission no later than 180 days after the alleged discrimination. The address is below.

Village of Maryville  
2520 North Center Street  
Maryville, IL 62062  
(618) 345-7028, ext. 6

Illinois Human Rights Commission  
William G. Stratton Building, Suite 802  
Springfield, IL 62706  
(217) 785-4350

Maryville will provide appropriate assistance to Complainants who are limited in their ability to communicate in English. Maryville assistance is available Monday - Friday, 8:00 a.m. - 4:30 p.m. If a member of the general public requires assistance during a time or day other than those published, a mutually agreeable appointment will be scheduled.

**VILLAGE OF MARYVILLE, ILLINOIS**  
**TITLE VI COMPLAINT FORM**

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the Village of Maryville Village Clerk at 618-345-7028, ext. 6.

Complete and return this form to: Village Clerk, Village of Maryville, 2520 North Center Street, Maryville, IL 62062.

1. Complainant's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Telephone (home): \_\_\_\_\_ (business): \_\_\_\_\_

5. Person discriminated against (if someone other than the complainant):

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Which of the following best describes the reason you believe the discrimination took place?  
Was it because of your:

Race/Color     National Origin     Age     Gender     Income

7. What date did the alleged discrimination take place? \_\_\_\_\_

8. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible.

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Please use the back of this form if additional space is needed.

9. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?  Yes  No

If yes, check each box that applies:

<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Federal Court
<input type="checkbox"/> State Agency	<input type="checkbox"/> State Court

10. Please provide information about a contact person at the agency/court where the complaint was filed.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date