
NON-DISCRIMINATION POLICY AND COMPLAINT PROCEDURE

Purpose/ Statement

The Illinois Finance Authority (“IFA”) is committed to maintaining fair and equal access to the benefits of any program, activity, or service administered by the IFA. Federal and Illinois laws and regulations require the IFA to comply with all non-discrimination laws including, but not limited to, 40 C.F.R. Parts 5 and 7 (Non-discrimination in Programs or Activities Receiving Federal Assistance), the federal Civil Rights Act of 1964, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, Section 13 of the Federal Water Pollution Control Act Amendments of 1972, the Illinois Human Rights Act, and other civil rights laws and regulations that ensure equal opportunity in government programs and activities. This includes ensuring that all individuals can meaningfully access IFA services, employment, facilities, benefits, programs, and activities.

The IFA does not discriminate on the basis of race, color, national origin, sex, age, disability, or any other protected basis in the administration of its programs and activities, and the IFA does not intimidate or retaliate against any individual or group because they have exercised their rights to report allegations of discrimination or otherwise participated in actions protected, or opposed action prohibited, by 40 C.F.R. Parts 5 and 7 (and similar equal opportunity laws, regulations, and policies).

Members of the public who believe they have been denied and/or restricted access to IFA services, benefits, or programs on the basis of race, color, national origin, sex, age, disability, or any other protected reason, may file a complaint with IFA under this policy by contacting the IFA Non-Discrimination Coordinator as set forth in this Non-Discrimination Policy and Complaint Procedure. If you have any questions about this procedure or the IFA’s Non-Discrimination Policy, you may contact the Non-Discrimination Coordinator.

Non-Discrimination Coordinator

Ximena Granda
Illinois Finance Authority
160 N LaSalle Street, Suite S-1000
Chicago, IL 60601
EqualOpportunity@il-fa.com
[\(312\) 651-1300](tel:(312)651-1300)
[\(800\) 526-0844 \(TTY\)](tel:(800)526-0844)

The Non-Discrimination Coordinator is the primary point of contact for all discrimination grievances and is charged with coordinating all efforts of the IFA to comply with its nondiscrimination responsibilities. These duties include overseeing the investigation of any complaint submitted to the IFA that alleges noncompliance with the IFA’s Non-Discrimination Policy. If you have a disability and require this Non-Discrimination Policy and Complaint Procedure to be made available to you in an alternate format, or if you require access to this



procedure in a language other than English, please contact the Non-Discrimination Coordinator by email at EqualOpportunity@il-fa.com, or by phone at (312) 651-1300 or (800) 526-0844 (TTY).

Complaint Procedure

Who Can File a Discrimination Complaint?

This procedure and attached form should only be used when a member of the public feels they have been discriminated against by the IFA or any of its employees, or by any IFA contractor or grant recipient in connection with an IFA program or activity in violation of 40 C.F.R. Parts 5 and/or 7. The person or organization filing the complaint may file a complaint on behalf of another person or group, contingent upon their written consent attached to the form.

When to File

Complaints should be filed within 180 days of an alleged violation. In its sole discretion, the IFA may choose to waive, extend, or otherwise accommodate the complainant in order to address complaints filed more than 180 days after the violation occurred.

How to File

Complainants should complete the Complaint Form found below. IFA is committed to taking reasonable steps to provide meaningful access to its grievance process (including any appeals) for individuals with limited English proficiency and provide individuals with disabilities the right to request reasonable modifications or auxiliary aids or services needed to obtain equal access to and enable participation in the grievance process. If you require a modification to the procedures to the filing instructions below, please contact the Non-Discrimination Coordinator.

Complaint Forms can be completed any one of the following ways:

1. Fill out the Complaint Form using the editable text boxes, adding a signature; download the completed file; email to EqualOpportunity@il-fa.com
2. Print out the Complaint Form; fill out required fields; scan completed Complaint Form; email to EqualOpportunity@il-fa.com
3. Print out the Complaint Form; fill out required fields in pen; mail to:

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4. Complainants with limited access to the Internet may submit initial complaints by contacting the Non-Discrimination Coordinator by phone, after which the Non-Discrimination Coordinator will work with the Complainant to complete a written and signed complaint form.

Complaint Forms should **NOT** be emailed or addressed to any other member of IFA's staff.

In its sole discretion, IFA may choose to accept alternate formats or otherwise accommodate the complainant in order to address complaints filed in alternate means.



Complaint Forms should:

- Be filled out in their entirety;
- Describe with specificity the action(s) by IFA, or an IFA employee, or an IFA contractor or recipient, that allegedly resulted in discrimination or otherwise violation of 40 C.F.R. Parts 5 and/or 7 (or other applicable civil rights law or regulation). The description should include specifics about where and when the alleged discrimination occurred, the persons involved, and the relation to the IFA or its programs;
- Include contact information necessary for investigation of the allegation; and
- Be signed by the complainant or their authorized representative.

Investigation & Determination

Upon receipt of a Complaint Form, IFA's Non-Discrimination Coordinator will complete the following:

1. Within 5 business days if possible, but in no case later than 10 business days, provide the complainant with a notice of receipt via their original method of submission (electronic or written). This notice may include a request for additional information from the complainant.
2. If no additional information was requested, IFA will create the case file within 10 business days of sending initial notice of receipt. If additional information was requested, IFA will create the case file within 10 days of the receipt of such information.
3. IFA's Non-Discrimination Coordinator will review the original complaint form, attached documents, and any additional information to determine whether the complaint warrants further investigation.
 - a. If further investigation is warranted, the Non-Discrimination Coordinator or a person appointed by the Non-Discrimination Coordinator will begin conducting an investigation including, but not limited to, interviews with relevant IFA employees and listed witnesses, as well as the complainant or their authorized representative to collect all facts deemed necessary.
 - b. If further investigation is not warranted, the Non-Discrimination Coordinator will issue correspondence to the complainant describing the reason for terminating the investigation. This notice may include a determination of the complaint, whether discrimination was found, or a reason as to why the complaint was dismissed.
 - c. Alternatively, the Non-Discrimination Coordinator can find that the information communicated by the complainant does not appear to be discriminatory but does warrant review from a different department. In such case, the Non-Discrimination Coordinator may forward the complaint to another party in the IFA for review. This will include a notice of transfer to the complainant, in their original method of communication, describing why such decision was made.
4. IFA's Non-Discrimination Coordinator may attempt to conciliate and resolve the complaint through a mutually agreeable resolution, and any effort to facilitate such informal resolution must be approved by the complainant. Informal resolution may include facilitating dialogue or the execution of a conciliation agreement.

5. If further investigation was warranted, the Non-Discrimination Coordinator will have up to 60 business days to conduct such investigations and reach a determination of the complaint. The IFA will respond to the complainant in their original form of communication with a determination of the complaint based on a preponderance of the evidence. This will describe the investigative process and any informal resolution efforts and indicate whether discrimination, retaliation, or intimidation was found.
6. If the complainant disagrees with the findings in a determination, the complainant may submit an appeal to the Non-Discrimination Coordinator in writing or at EqualOpportunity@il-fa.com within 14 days of the date of the Non-Discrimination Coordinator's determination. Any appeal will identify the findings with which the complainant disagrees and the reasons for the disagreements. The Non-Discrimination Coordinator will respond to any appeal within 30 days of receipt of an appeal.

Confidentiality

The IFA respects the confidentiality of any complainant and agrees to keep the complainant's identity confidential to the greatest extent possible and as authorized by law. However, due to the nature of this Complaint Procedure, absolute anonymity is not guaranteed. The Non-Discrimination Coordinator reserves the right to release information as necessary to investigate and resolve this complaint. If the Non-Discrimination Coordinator transfers the complaint to another party in the IFA for review, as is permitted by paragraph 3.a of the Investigation & Determination procedure above, the Non-Discrimination Officer may release any and all information to said party.

Retaliation and Intimidation

IFA is committed to maintaining an inclusive environment where complaints can be raised without fear of retaliation or intimidation. IFA explicitly prohibits retaliation or intimidation against a complainant or a participant in the complaint process outlined above. Any concern regarding retaliation or intimidation on IFA's part should be reported to the Non-Discrimination Coordinator and will be handled promptly and fairly, as pursuant to the Complaint Procedure outlined herein.

Questions

If you require this document to be made available in an alternate format or language, or for any other questions regarding this policy, please contact the Non-Discrimination Coordinator by email at EqualOpportunity@il-fa.com or by phone at (312) 651-1300 or (800) 526-0844 (TTY).

COMPLAINT FORM

Instructions

Federal and Illinois State laws and regulations require the Illinois Finance Authority (“IFA”) to comply with all nondiscrimination laws, including but not limited to the federal Civil Rights Act of 1964, the Americans with Disabilities Act, and the Illinois Human Rights Act. This includes ensuring that all individuals can meaningfully access IFA services, benefits, facilities, and programs. If you feel you have been denied and/or restricted access to IFA services, benefits, facilities, or programs on the basis of your race, color, national origin, sex, age, disability, or any other protected reason, or if you have been retaliated against or intimidated for exercising your right to report allegations of discrimination or participating in actions protected by civil rights laws, please complete this form. Please submit this completed form, and any supplemental documentation as described in the Non-Discrimination Policy and Complaint Procedure, to EqualOpportunity@il-fa.com or mail to the following:

Ximena Granda
Illinois Finance Authority
160 N LaSalle Street, Suite S-1000
Chicago, IL 60601

Complainant Information

Please fill in each line.

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ Preferred Contact Time:
State: _____ ☐ AM ☐ PM
ZIP Code: _____ Email: _____

Basis of Complaint

Please check all that apply.

- | | | | |
|--------------------------------|---|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Retaliation and intimidation |
| <input type="checkbox"/> Age | <input type="checkbox"/> National Origin | <input type="checkbox"/> Citizenship Status | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Language Access | <input type="checkbox"/> Arrest Record | <input type="checkbox"/> Other: |

Incident Details

You may attach supplemental documentation.

Please provide the names, titles, locations, and phone numbers of all IFA employees (or IFA program-related contractors or grant recipients) who you believe discriminated against you or describe the program or event that you believe was discriminatory.

Name	Title/Department (and organization, if not IFA)	Location	Phone	Date of Incident

Please provide a description of the facts of the alleged discriminatory action, including dates, times, locations, services/programs sought, and any details applicable to this complaint.

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Witnesses and Supplementary Information (Optional)

Please provide the names, titles, emails, and phone numbers of all people who may have witnessed or observed the incidents described above.

Name	Title (and organization, if not IFA)	Email	Phone



Did you attach any documentation to support your allegation(s)?

☐ YES

☐ NO

If yes, please list each item below before attaching to this form.

Other Information (Optional)

Was an informal resolution reached with any party?

☐ YES

☐ NO

If so, with whom, and on what date? _____ Date: _____

Has a complaint for this incident been filed with another State/Federal Agency? ☐ YES ☐ NO

If so, with whom, and on what date? _____ Date: _____

Describe what you or others tried to do to resolve the complaint. What was the outcome?

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Please include any other information here.

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Signature

Please sign here.

I certify that I have read this form, and that the information I have provided is true and accurate to the best of my knowledge.

Signature

Date