



TITLE VI DISCRIMINATION COMPLAINT FORM

1. COMPLAINANT CONTACT INFORMATION

Provide your name and contact information

Complainant's Name: _____

Address: _____

City, State, Zip: _____

TN County: _____

Phone (primary): _____ Phone (secondary) _____

E-mail: _____

Person discriminated against (if someone other than complainant)

Name: _____

Address: _____

City, State, Zip: _____

TN County: _____

Phone (primary): _____ Phone (secondary) _____

E-mail: _____

Reason you are complaining on their behalf: _____



2. RESPONDENT CONTACT INFORMATION

Provide contact information of the entity you believe discriminated against you:

Name of Entity: _____

Name/Title of Person complaining against: _____

Department: _____

Address: _____

City, State, Zip: _____

Phone: _____

3. WHEN DID THE ALLEGED DISCRIMINATION OCCUR? (must be within the past 180 days)

Beginning date of the alleged discriminatory act? _____

Most recent date of the alleged discriminatory act? _____

Is the alleged discriminatory act ongoing? Yes _____ No _____

4. BASIS OF DISCRIMINATION

Which best describes the reason you believe the discrimination took place?

Race (specify): _____

Color (specify): _____

National Origin (specify): _____

5. DISCRIMINATORY ACTION

Which of the following actions were taken against you?

(Check only those that apply and describe below).

- Denied program service, aid, or benefit
- Received service or benefit differently or inferior to those provided to others
- Subjected to segregate or separate treatment related to the receipt of any service or benefit
- Retaliated against
- Other: _____

6. IN YOUR OWN WORDS, TELL US WHAT HAPPENED.

Explain what happened as clearly as possible and why you believe you were discriminated against. Include all persons involved. Include the name and contact information of the person(s) who you believe discriminated against you (if known) as well as the names and contact information of any witnesses. Give dates, when applicable. Also, describe how others were treated differently than you. Use additional paper if needed.



7. GRIEVANCE PROCESS

Have you tried to resolve this complaint through any other avenue?

Yes: _____ No: _____

If yes, what is the status of the grievance?

Name and title of the person handling the grievance

Name: _____ Title: _____

Have you filed this complaint with any other federal, state, or local agency?

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

Please provide contact information for the other agency/court where the complaint was filed.

Name of Entity: _____

Address: _____

City, State, Zip: _____

Phone: _____

Please sign and date this form below. You may attach any written materials or other information you believe is relevant to your complaint.

Complainant's Signature

Date