Tennessee Department of Treasury

Title VI Discrimination Complaint Form

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form please let us know.

1. Complainant's Name _____
   Address _____
   City, State and Zip Code _____
   Telephone Number (home) _____
   (business) _____

2. Person discriminated against (if someone other than the complainant)
   Name _____
   Address _____
   City, State and Zip Code _____

3. What is the name and location of the agency that you believe discriminated against you?
   Name _____
   Address _____
   City, State and Zip Code _____
   Telephone Number _____

4. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:
   a. Race/Color (specify) _____
   b. National Origin (specify) _____

5. What date did the alleged discrimination take place? _____

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

7. Have you tried to resolve this complaint through the internal grievance procedure at the agency? ____ Yes ____ No

   If yes, what is the status of the grievance? _____

   _____

   _____

   _____

   _____

   _____

   Name and title of the person who is handling the grievance procedure.

   Name _____

   Title _____

8. 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 all that apply:

   - Federal agency ☐
   - Federal court ☐
   - State agency ☐
   - State court ☐
   - Local agency ☐
   - Other ☐

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

Name _____

Address _____

City, State and Zip Code _____

Telephone Number _____

9. Do you intend to file this complaint with another agency? ____ Yes ____ No

   If yes, when and where do you plan to file the complaint?

   Date _____

   Agency _____

   Address _____

   City, State, and Zip Code _____

   Telephone Number _____

10. Has this complaint been filed with this agency before? ____ Yes ____ No

    If yes, when? Date _____

11. Have you filed any other complaints with this agency? ____ Yes ____ No

    If yes, when and against whom were they filed?

    Date _____

    Name _____

    Address _____

    City, State, and Zip Code _____

    Telephone Number _____

    Give a brief description of the other complaint _____

    _____

    _____

    _____

    _____

    _____

    _____

    What is the status of the other complaint? _____

_____

_____

_____

_____

_____

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

_____ _____

Complainant's Signature **Date**