

## 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. If you are not able to complete the form personally, the Title VI Coordinator will assist you to do so at a mutually convenient time. Simply call (865) 426-2838 to make your request. If the Title VI Coordinator assists you in completing the form, you will still need to sign it to validate the information provided.

Title VI of the Civil Rights Act of 1964, 49 U.S.C. 47123, and the Age Discrimination Act of 1975 (Civil Rights Laws) prohibit discrimination on the basis of race, color, national origin, creed, sex, or age in any program or activity receiving federal financial assistance. Any person alleging discrimination on the basis stated above has a right to file a complaint within 180 days of the alleged discriminatory act.

### Complainant Information

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

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number – Home: \_\_\_\_\_

Business or Cell: \_\_\_\_\_

2. Person discriminated against (if someone other than complainant)

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

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number – Home: \_\_\_\_\_

Business or Cell: \_\_\_\_\_

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

Race  
 Color

Age

Sex

National Origin

Creed

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

5. In your own words, describe the alleged discrimination. Explain what happened, and whom you believe was responsible:

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6. 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 \_\_\_\_\_

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

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

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

7. 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: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Agency: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

## Supporting Contacts/ Witnesses

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

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

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