EAST TENNESSEE HUMAN RESOURCE AGENCY, INC.

Title VI

Note: The following information is requested to help in processing your complaint. If you need help in completing this form please request assistance.

Complainant Name:_____

Address:_____

_____

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

Name:_____

Address:_____

_____

Telephone: (Home) _____ (Work) _____

Which department of this agency do you believe discriminated against you?

Name of department:_____

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

Race: ☐ Color: ☐ National Origin: ☐ Other: ☐

In the space below please describe the alleged discrimination. Explain what happened, who you believe was responsible and the date of the alleged discrimination.

Please sign below. You may attach any additional information you think is relevant to your complaint.

_____ _____

Signature of Complainant Date

Submit completed form to SBandy@ethra.org, or fax to attention of S. Bandy at (865)531-7216, or mail to S. Bandy at 9111 Cross Park Drive, Suite D-100, Knoxville, TN 37923