

EAST TENNESSEE HUMAN RESOURCE AGENCY, INC.

Title VI/ Equal Opportunity Complaint Form

*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: (Cell) (Other)

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 \_\_\_\_\_ Limited English Proficiency\_\_\_\_\_ 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. *Attach additional sheet(s) if necessary.*

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(over)

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

***Note: All complainants have the right to representation by an attorney or any other individual.***

**Si se necesita información en otro idioma, por favor llame al (865) 691-2551.**

Signature of Complainant Date