

**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:

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