



MIDCUMBERLAND
Human Resource Agency

Mid-Cumberland Human Resource Agency
Title VI and ADA Complaint Form

The Department Resolves Title VI complaints with due diligence in accordance with complaint guideline procedures as set forth by the Human Rights Commission of the State of Tennessee.

SECTION 1	
Name:	
Street Address:	
City, State, Zip Code:	
Telephone Number (Home):	
Telephone Number (Work):	
E-mail Address:	
SECTION 2	
Are you filing this out on your behalf?	
If no, please provide the name of the complainant:	
Relationship:	
Street Address:	
Phone Number:	
E-mail Address:	

Did you obtain permission of the aggrieved party to submit this complaint, if you are filing on their behalf?	
SECTION 3	
Indicate the basis of the discrimination: Race __ Color __ National Origin __ Disability __	
SECTION 4	
Who do you believe discriminated against you (First and last name)?	
Date of alleged discrimination?	
Location of where the alleged discrimination took place:	
SECTION 5	
Describe the alleged discrimination. Explain what happened and how other persons or groups were treated differently by the person(s)/agency who discriminated against you. Use additional sheets if necessary.	
SECTION 6	
Witness #1	
Name:	
Street Address:	
City, State, Zip Code:	
Telephone Number (Home):	
Telephone Number (Work):	
Witness #2	
Name:	

Street Address:	
City, State, Zip Code:	
Telephone Number (Home):	
Telephone Number (Work):	
SECTION 7	
Have you filed this complaint with another federal, state, or local agency or with a federal or state court?	
If yes, when and to who did you file this complaint to:	
SECTION 8	
How would you like to see this complaint resolved?	

I certify that to the best of my knowledge, the information I have provided is accurate and the events and circumstances are as I have described them.

Complainant's Signature

Date