



## Unfair Treatment Complaint

Versión en español atrás

Federal law says that unfair treatment is not allowed. No one can be treated in a different way because of race, color, birthplace, language, sex, age, beliefs or disability.

If you feel that you have been treated unfairly for any of these reasons, you have the right to complain. We do not allow unfair treatment in TennCare.

We need the following facts so we can look into your complaint. If you need help to fill out this page, let us know.

**1. Are you filing this complaint for yourself?**  Yes  No

If yes, go to question number 2.

If no, tell us your name: \_\_\_\_\_

Give us a phone number where we can reach you: ( \_\_\_\_\_ ) \_\_\_\_\_

**2. What is the name of the person you feel was treated unfairly?**

Name of Person You Feel Was Treated Unfairly			Date of Birth		
_____	_____	_____	_____/_____/_____		
Last	First	Middle Initial	Month	Day	Year
Full Mailing Address:			Social Security Number:		
_____			_____		
Street Number and Name, Rural Route, Apartment Number, Lot Number, PO Box, etc.					
City:	State:	Zip:	Daytime Phone (     )		
			Evening Phone (     )		

**3. Who do you think treated this person unfairly?**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - or - ( \_\_\_\_\_ ) \_\_\_\_\_

**4. Give us facts about the unfair treatment.**

Check the box or boxes that you think were the reason for the unfair treatment.

Race       Color       Birthplace       Language spoken       Sex   
 Religion       Beliefs       Age       Disability

What date did the unfair treatment take place? \_\_\_\_\_

Do you think it has happened other times?  Yes  No If yes, how many other times? \_\_\_\_\_

Have you complained about this problem before and tried to have it stopped?  Yes  No

If yes, who have you talked to about it? Name: \_\_\_\_\_

When did you talk to them about it? \_\_\_\_\_

Have you filed this complaint with another federal, state, or local agency?  Yes  No

Have you filed this complaint with any federal or state court?  Yes  No

If yes, check all that apply.      Federal agency       Federal court   
    State agency       State court       Local agency

If yes, tell us the name of the contact person at the agency/court where you filed the complaint.

Name \_\_\_\_\_

Agency/Court Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number (\_\_\_\_) \_\_\_\_\_

**5. In your own words, tell us what happened. You can attach more pages if you need them.**

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**Please sign below. Attach any other information that you think will be helpful.**

**Sign here. X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you filled out this page for someone else, sign here. X** \_\_\_\_\_  
[Note: if you helped someone file this complaint, you do not have to sign it.]

**Print your name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail these pages to:** Bureau of TennCare  
Attn: Office of Non-discrimination Compliance  
310 Great Circle Road  
Nashville, TN 37243

**If you have questions, please call: (615) 507-6474 or (toll-free) 1-855-857-1673 for help.**

**Or**

**For TTY please call: (Toll-free) 1-877-779-3103 for help.**

**To get help in another language, call one of these numbers:**

<u>Language</u>	<u>Toll Free Number</u>
Arabic	1-800-758-1638
Bosnian	1-800-758-1638
Kurdish-Badinani	1-800-758-1638
Kurdish-Sorani	1-800-758-1638
Somali	1-800-758-1638
Spanish	1-800-758-1638
Vietnamese	1-800-758-1638

**TennCare does not allow unfair treatment based on race, color, language spoken, sex, sexual orientation, religion, beliefs, handicap/disability or age.**