

Department of **DISABILITY & AGING**

DISCRIMINATION IS PROHIBITED

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT FEDERALLY ASSISTED PROGRAMS BE FREE OF DISCRIMINATION. THE **TENNESSEE DEPARTMENT OF DISABILITY AND AGING** ALSO REQUIRES THAT ITS ACTIVITIES BE CONDUCTED WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN.

Prohibited Practices Include:

- Denying any individual any services, opportunity, or other benefit for which he or she is otherwise qualified;
- Providing any individual with any service or other benefit, which is different or is provided in a different manner from that which is provided to others under the program;
- Subjecting any individual to segregated or separate treatment in any manner related to his or her receipt of service;
- Restricting any individual in any way in the enjoyment of services; facilities; or any other advantage, privilege, or benefit provided to others under the program;
- Adopting methods of administration that would limit participation by any group of persons supported or subject them to discrimination;
- Addressing an individual in a manner that denotes inferiority because of race, color, or national origin;
- Subjecting any individual to incidents of racial or ethnic harassment, the creation of a hostile racial or ethnic environment, and a disproportionate burden of environmental health risks on minority communities.

Should you feel that you have been discriminated against, please contact the local Title VI Coordinator.

| Name: | | | | Title: | | |
|--|-------------|------|---|----------------------|------|--|
| Address: | | | | | | |
| Phone #: | | | | Email: | | |
| Any individual may also file a Title VI complaint with the below listed entities. It is preferable that complaints be registered at the local level first. DEPARTMENT of DISABILITY & AGING OFFICE OF CIVIL RIGHTS U.S. DEPARTMENT of JUSTICE CIVIL RIGHTS DIVISION 950 PENNSYLVANIA AVENUE, N.W. WASHINGTON, D.C. 20530 (855) 856-1247 (toll free voice and TDD) https://civilrights.justice.gov/report/ | | | | | | |
| Person Su | ipported | Date | S | ervice Provider | | |
| Legal Rep | resentative | Date | A | gency Representative | Date | |