DEPARTMENT OF
DISABILITY & AGING

OFFICE OF CIVIL RIGHTS: TITLE VI - COMPLAINT PROCESS

Who can file a Title VI complaint?
Any family member, person(s) supported or legally authorized representative on behalf of such person(s) supported who applies for or receives any benefit or service provided by DDA may file a complaint of discrimination on the basis of race, color, or national origin. The individual or organization filing the complaint need not be a victim of the alleged discrimination, but may complain on behalf of another person or group.

Filing a complaint:
A complaint alleging discrimination against a service provider or any entity of the Department of Finance and Administration, Division of Intellectual Disabilities Services may be filed with an Agency Title VI Compliance Coordinator, Regional Title VI Compliance Coordinator or with DDA Title VI Compliance Coordinator at the following address:

Seth Wilson
DDA Title VI Compliance Director
UBS Tower, 8th Floor
315 Deaderick Street
Nashville, TN 37243
didd.ocr@tn.gov

A Title VI complaint may also be filed externally with the following agencies:

Regional Manager, Office for Civil Rights - Region IV
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
(404) 562-7886

A person filing a Title VI complaint has the right to file the complaint with the federal Office for Civil Rights at any stage of the complaint process. All Title VI complaints filed with the U.S. Department of Health and Human Services must be filed no later than 180 calendar days after the alleged discrimination occurred.

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DOCUMENTATION OF COMPLAINT

Pursuant to Title VI of the Civil Rights Act of 1964 Title IX of the Education Amendments of 1972, Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Age Discrimination Act of 1975.

NAME (of person making the complaint)		
	ADDRESS	
	TELEPHONE (business)	
	TELEPHONE (home)	
DESCRIPTION OF THE COMPLAINT: (describe what happened and who you believe was responsible)		
APPARENT BASIS OF THE DESCRIBED SITUATION: (select all that apply and explain) ☐ Age ☐ Color ☐ Disability ☐ National Origin ☐ Race ☐ Sex		
DATE DESCRIBED SITUATION OCCURRED:		
ORGANIZATION INVOLVED IN THE COMPLAINT:		
	ADDRESS	
	TELEPHONE (business)	
PERSON INVOLVED (if other than complainant)		
	ADDRESS	
	TELEPHONE (business)	
	TELEPHONE (home)	
HAS THE COMPLAINT BEEN FILED THROUGH ANOTHER GRIEVANCE OR COMPLAINT PROCESS? If so, explain and provide current status of such		☐ Yes ☐ No
Signature		Date

* Please attach any written materials or other information relevant to the complaint