



**OFFICE OF GENERAL COUNSEL
CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM**

1. Complainant Information.

Name _____
Address _____ Apt # _____
City, State, Zip Code _____
Telephone Number: (day) _____ (evening) _____
Date of Birth _____
Best time to reach you: Day Evening

2. Are you making this complaint on behalf of a student? Yes No

If yes, please answer questions 2a and 2b. If no, please proceed to question 3.

2a. Name of minor child on whose behalf you are complaining. _____

2b. Address of minor child if different than above. _____

Name _____
Address _____
City, State, Zip Code _____
Telephone Number _____

3. What institution or agency do you believe behaved in a discriminatory manner?

Name _____
Address _____
City, State, Zip Code _____
Telephone Number _____

4. What specific individual(s) do you allege to have behaved in a discriminatory manner within this institution? Please give as much information as possible.

Name _____

Title _____
Department/School _____
County _____
Address _____
City, State, Zip Code _____
Telephone Number _____
Is this person your supervisor? Yes No

Name _____
Title _____
Department/School _____
County _____
Address _____
City, State, Zip Code _____
Telephone Number _____
Is this person your supervisor? Yes No

Name _____
Title _____
Department/School _____
County _____
Address _____
City, State, Zip Code _____
Telephone Number _____
Is this person your supervisor? Yes No

5. Please state the date of the last alleged discriminatory act. _____

6. If the last act occurred more than 180 days before the date of this submitted complaint please explain the delay in the filing of this complaint.

7. What is the basis of your complaint? Please check all that apply, and specify the race, color, national origin, gender, disability, or age of the person alleged to have suffered the discrimination.

9. Have you tried to resolve this complaint through the internal grievance procedure of the institution?

Yes No*

If yes, what is the status of the grievance?

Name and title of the person who is handling the grievance

*If you, at a later date file a grievance through the internal grievance procedures please notify this office in writing so that the information may be added to your complaint file.

10. Have you filed a complaint with any other local, state or federal agency?

Yes No*

a. What is the name of the agency with which you have filed a complaint?

b. What is the address and phone number of the above agency?

c. Who is the contact person for this complaint?

d. What is the status of this complaint?

*If at a later date a complaint is filed with another local, state, or federal agency please notify this office in writing. Please note that TOCR will dismiss an allegation, or, if appropriate, the complaint in its entirety, when the same or a similar allegation based on the same operative facts has been filed either by the complainant or someone other than the complainant against the same recipient with state or federal court. A TOCR complaint may be re-filed within 60 days following termination of the court proceeding if there has been no decision on the merits or settlement of the complaint allegations. Dismissal with prejudice is considered a decision on the merits.

11. Have you filed a lawsuit in state or federal court based on the allegations you have made in this complaint?

Yes No*

What is the status of that lawsuit? If there was a decision please submit a copy.

*If at a later date a complaint is filed with a state or federal court please notify this office in writing. Please note that TOCR will dismiss an allegation, or, if appropriate, the complaint in its entirety, when the same or a similar allegation based on the same operative facts has been filed either by the complainant or someone other than the complainant against the same recipient with state or federal court. A TOCR complaint may be re-filed within 60 days following termination of the court proceeding if there has been no decision on the merits or settlement of the complaint allegations. Dismissal with prejudice is considered a decision on the merits.

12. Has this complaint been filed with this agency before?

Yes No

If yes, when and what was the result.

PLEASE SIGN AND DATE BELOW:

SIGNATURE OF COMPLAINANT

DATE

Please feel free to attach additional documents that you feel are necessary to explain or support your complaint. Please print a copy for your own records. You will not be able to save the form. Please submit completed form to:

Mail or email complaint to:

Office of General Counsel
Tennessee Department of Education
710 James Robertson Parkway, 9th Floor
Nashville, TN 37243

Rachel.E.Suppe@tn.gov

Telephone (615) 741-2921