STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
TITLE VI COORDINATOR
WILLIAM R. SNODGRASS TENNESSEE TOWER
312 ROSA L. PARKS AVENUE, 2ND FLOOR
NASHVILLE, TN 37243

TITLE VI COMPLAINT SUBMISSION

RESET

PRINT

☐ CHECK HERE IF YOU ARE INCLUDING ATTACHMENTS RELEVANT TO THIS COMPLAINT

RETURN FORM AND SUPPORTING DOCUMENTATION TO THIS ADDRESS

TITLE VI OF THE 1964 CIVIL RIGHTS ACT REQUIRES THAT "NO PERSON IN THE UNITED STATES SHALL, ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL FINANCIAL ASSISTANCE."

NOTE: THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS YOUR COMPLAINT. SHOULD YOU REQUIRE ANY ASSISTANCE TO COMPLETE THIS FORM, CONTACT THE TITLE VI COORDINATOR AT THE ABOVE ADDRESS.

I. COMPLAINANT INFORMATION

LAST NAME | FIRST NAME | MIDDLE INITIAL | HOME PHONE | WORK PHONE

STREET ADDRESS | CITY | STATE | ZIP | EMAIL

II. COMPLAINT FILED BY

ARE YOU FILING THIS COMPLAINT ON YOUR OWN BEHALF? ☐ YES ☐ NO IF YES, GO TO SECTION III

IF YOU ANSWERED NO, SUPPLY THE NAME AND RELATIONSHIP OF THE PERSON FOR WHOM YOU ARE COMPLAINING:

EXPLAIN WHY YOU HAVE FILED FOR A THIRD PARTY

CONFIRM THAT YOU HAVE PERMISSION OF THE AGGRIEVED PARTY IF YOU ARE FILING ON BEHALF OF A THIRD PARTY

☐ YES, HAVE PERMISSION ☐ NO, DO NOT HAVE PERMISSION

III. REASON FOR DISCRIMINATION

WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON YOU BELIEVE THE DISCRIMINATION TOOK PLACE - CHECK ALL THAT APPLY:

SPECIFY

☐ RACE ☐ COLOR ☐ NATIONAL ORIGIN

DATE OF THE ALLEGED DISCRIMINATION

EXPLAIN AS CLEARLY AS POSSIBLE WHAT HAPPENED AND WHY YOU BELIEVE YOU WERE DISCRIMINATED AGAINST.

DESCRIBE ALL PERSONS WHO WERE INVOLVED. INCLUDE THE NAME AND CONTACT INFORMATION OF THE PERSON(S) WHO DISCRIMINATED AGAINST YOU (IF KNOWN) AS WELL AS THE NAMES AND CONTACT INFORMATION OF ANY WITNESSES. ATTACH ADDITIONAL PAGES AS NEEDED.

PERSON'S NAME	PHONE	EMAIL	RESPONSIBLE FOR DISCRIMINATION	WITNESS TO DISCRIMINATION
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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LAST NAME | FIRST NAME | MIDDLE INITIAL

IV. AGENCY OR DEPARTMENT

NAME OF AGENCY OR DEPARTMENT WITH WHICH YOU ARE FILING YOUR COMPLAINT

HAVE YOU FILED A TITLE VI COMPLAINT AGAINST THIS AGENCY BEFORE? ☐ YES ☐ NO

NAME OF INDIVIDUAL YOU ARE FILING YOUR COMPLAINT AGAINST | TITLE

CONTACT INFORMATION OF INDIVIDUAL YOUR ARE FILING AGAINST | PHONE | EMAIL

V. OTHER AGENCIES OR DEPARTMENTS INVOLVED

HAVE YOU FILED THIS COMPLAINT WITH ANY OTHER FEDERAL, STATE, OR LOCAL AGENCY OR COURT? ☐ YES ☐ NO

IF YES, CHECK BELOW ALL THAT APPLY AND SPECIFY AGENCY, DEPARTMENT OR COURT INVOLVED.

☐ FEDERAL AGENCY ☐ FEDERAL COURT	SPECIFY:
☐ STATE AGENCY ☐ STATE COURT	
☐ LOCAL AGENCY	

GIVE PERSON NAME WHERE COMPLAINT WAS FILED | TITLE

AGENCY NAME | AGENCY ADDRESS | PHONE | EMAIL

VI. SIGNATURE

SIGNATURE _____ DATE SIGNED _____

PRINTED NAME _____

TDEC USE ONLY

REVIEWED BY	DATE	COMMENTS

NOTES