

**Department of Finance and Administration Civil Rights Complaint Form:
Complete All Three Pages and Sign**

Your name, address, and telephone number(s):
Phone: _____

Name, address, and telephone number(s) of person(s) who discriminated against you:
Phone: _____

Name, address and telephone number(s) of agency or organization involved in your complaint:

Phone: _____

Phone: _____

Are there other persons or organizations involved in this discrimination case? Yes No
If YES, please give the names, addresses, and telephone numbers below:

Name	Address	Telephone

Which of the following describes the nature of the discrimination involved?

- Race/Color National Origin Religion
 Disability Age Sex

Does your charge of discrimination involve?

<p>a. Your job or seeking employment?</p> <p>OR</p> <p> <input type="checkbox"/> Hiring <input type="checkbox"/> Work Assignment <input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Discipline <input type="checkbox"/> Layoff/Recall <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Other (Specify) </p>	<p>b. You using facilities or someone providing services/protection to you (or others)? If yes, how?</p> <p> <input type="checkbox"/> Harassment <input type="checkbox"/> Language/Communication Services <input type="checkbox"/> Applying rules/laws differently <input type="checkbox"/> Access to buildings/programs <input type="checkbox"/> Retaliation <input type="checkbox"/> Different standards, opportunities or programs <input type="checkbox"/> Segregation <input type="checkbox"/> Other (Specify) </p>
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Which month(s), day(s), and year(s) did the most recent discrimination against you take place?

Beginning: Month _____ Day _____ Year _____
 Ending: Month _____ Day _____ Year _____

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Explain in detail what happened and how you were discriminated against. State who was involved and show how other persons were treated differently from you. (Also, attach any written materials or documentation pertaining to your case.)

Has the opposite sex or have persons of other races, national origin, religions, or disabilities been treated differently from you in this particular matter? If yes, please explain and identify:

Why do you believe this occurred?

What other information do you think might be helpful to our investigation?

If this complaint is resolved to your satisfaction, what remedy do you seek?

Please list below any persons (witnesses, fellow employees, supervisors, or others) **whom we might contact for additional information to support or clarify your complaint:**

Name	Address	Telephone

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Have you filed a case or complaint with any of the following? (Check the appropriate items.)

<input type="checkbox"/> Civil Rights Division, U.S. Dept. Of Justice	<input type="checkbox"/> TN Human Rights Commission
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission	<input type="checkbox"/> State Law Enforcement Agency
<input type="checkbox"/> Other Federal Agency	<input type="checkbox"/> Attorney (Note the name and address above)
<input type="checkbox"/> Federal or State Court	<input type="checkbox"/> Other (specify)

For any item checked above, please provide the following information:

Name of Agency: _____ Date Filed: _____
 Case or Docket Number: _____ Date of Trial or Hearing: _____
 Name of Investigator: _____ Status of Case: _____
 Location of Agency or Court: _____

Additional comments: (Continue any comments or questions on additional sheets if necessary)

I have reviewed the F & A Civil Rights Complaint Procedure and understand my complaint may be forwarded to another state or federal agency for review and response.

DATE _____ SIGNED: _____

Deliver, Mail, or Email to:

Civil Rights Complaints
 F&A Civil Rights Coordinator
 19th Floor, Wm. R. Snodgrass Tennessee Tower
 312 Rosa L. Parks Avenue North
 Nashville, TN 37243-1102
FA.CivilRights@tn.gov