



**STATE OF TENNESSEE
TENNESSEE HUMAN RIGHTS COMMISSION
CENTRAL OFFICE**

TENNESSEE TOWER
312 ROSA L PARKS AVE, 23RD FLOOR
NASHVILLE, TENNESSEE 37243
(615) 741-5825 Fax (615) 253-1886
Toll Free: 1-800-251-3589
Spanish Toll Free Line: 1-866-856-1252
www.tn.gov/humanrights

**FILING A DISCRIMINATION COMPLAINT
WITH THE TENNESSEE HUMAN RIGHTS COMMISSION (THRC)**

The Tennessee Human Rights Commission is an independent state agency which investigates allegations of discrimination in housing, employment, Title VI and places of public accommodations. If you feel that you have been discriminated against because of your race, color, gender, disability, national origin, religion, creed, familial status or age (40 and over) then you may file a complaint of discrimination. If the complaint is jurisdictional, then THRC will investigate the matter. Complaints of discrimination must be filed with the Commission within 180 days of the alleged discriminatory act.

Please note that a delay could occur in the investigation of your charge if the complaint is not filled out properly. To assist the Tennessee Human Rights Commission with providing efficient service to you, please make sure that you do all of the following:

- Clearly print your answers;
- Answer all questions that apply to your allegations;
- Sign and date the complaint form;
- Print the form and submit via email, fax or US Postal mail.
- Keep the Commission informed of any changes in your address or contact numbers.

A copy of this complaint and any documents which you attach to it, except for the witness list, will be forwarded to the respondent whom you allege discriminated against you. The respondent will be given an opportunity to respond to your allegations, and a THRC investigator will be assigned to investigate your complaint.

Title VI Notice

Title VI of the Civil Rights Act of 1964 (42 United States Code § 2000d) and Tennessee Code Annotated § 4-21-904 provide that any entity receiving Federal financial assistance may not discriminate against their program beneficiaries or participants based on their race, color, or national origin. The Tennessee Human Rights Commission does not discriminate against any person based on race, color, national origin, gender, religion, disability, age, creed, familial status, or on any other basis legally prohibited by or protected by Federal or State law. Parties who wish to file a complaint against the Tennessee Human Rights Commission for violation of Title VI of the Civil Rights Act of 1964 under 42 U.S.C. § 2000d or under T.C.A. § 4-21-904 should direct such complaints to either the Tennessee Human Rights Commission, the United States Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity, or the United States Equal Employment Opportunity Commission.



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DISCRIMINATION COMPLAINT (DEPARTMENT USE ONLY)		
THRC# _____	HUD# _____	EEOC# _____

1. TYPE OF COMPLAINT. Check which type of complaint you are filing:
 EMPLOYMENT HOUSING PUBLIC ACCOMMODATION TITLE VI

2. COMPLAINANT CONTACT INFORMATION. Provide your name and address.

NAME _____		ADDRESS _____		
TELEPHONE () _____	CELL () _____	APT No. _____	CITY _____	
E-MAIL: _____	DATE OF BIRTH _____	COUNTY _____	STATE _____	ZIP _____

Provide the contact information of someone who can assist us in contacting you should we have difficulty in reaching you.

NAME _____		ADDRESS _____		
TELEPHONE () _____	CELL () _____	CITY _____	STATE _____	ZIP _____

3. RESPONDENT CONTACT INFORMATION.

Provide the name of the entity (employer / housing provider/ business/agency) and address that you believe discriminated against you:

ENTITY _____		ADDRESS _____		
TYPE OF BUSINESS _____		CITY _____	STATE _____	ZIP _____
<i>(For EMPLOYMENT ONLY)</i> NAME OF IMMEDIATE SUPERVISOR _____		TELEPHONE () _____	COUNTY _____	

4. WHEN DID THE DISCRIMINATORY ACT(S) OCCUR?

Beginning date of the alleged discriminatory act? _____

Most recent date of the alleged discriminatory act? _____

Is the alleged discriminatory act ongoing? YES NO

EMPLOYMENT COMPLAINTS ONLY

(COMPLETE THIS BOX ONLY IF YOU ARE SUBMITTING AN EMPLOYMENT COMPLAINT)

EMPLOYMENT HISTORY

EMPLOYMENT BEGAN ON:

EMPLOYMENT ENDED ON:

PAY RATE/SALARY:

JOB TITLE AT THE TIME OF HIRE:

CURRENT JOB TITLE OR TITLE AT THE TIME OF TERMINATION:

NAME OF HR/PERSONNEL DIRECTOR

NUMBER (#) OF EMPLOYEES

DID YOU FILE WITH THE EEOC?

YES NO

BASIS OF DISCRIMINATION: Why do you believe you were discriminated against? *Please mark below only the categories which apply. Specify within the categories you mark.*

- | | |
|---|--|
| <input type="checkbox"/> RACE: _____ | <input type="checkbox"/> SEX/GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| <input type="checkbox"/> COLOR: _____ | <input type="checkbox"/> RELIGION: _____ |
| <input type="checkbox"/> NATIONAL ORIGIN: _____ | <input type="checkbox"/> CREED: _____ |
| <input type="checkbox"/> DISABILITY: _____ | <input type="checkbox"/> AGE (40 AND OVER): _____ |

RETALIATION

Check below if you were retaliated against because of any of the following:

- FILED A COMPLAINT OF DISCRIMINATION
- GAVE TESTIMONY OR OTHERWISE PARTICIPATED IN A DISCRIMINATION INVESTIGATION
- OPPOSED OR OBJECTED TO DISCRIMINATION
- OTHER: _____

WHICH OF FOLLOWING EMPLOYMENT ACTION(S) WERE TAKEN AGAINST YOU? (Check only those that apply.)

- | | | |
|---|---|---|
| <input type="checkbox"/> DISCHARGED | <input type="checkbox"/> TRANSFERRED | <input type="checkbox"/> DENIED BENEFITS (LEAVE, INSURANCE, ETC.) |
| <input type="checkbox"/> LAID OFF | <input type="checkbox"/> DEMOTED | <input type="checkbox"/> DENIED PAY RAISE |
| <input type="checkbox"/> SUSPENDED | <input type="checkbox"/> FAILURE TO HIRE | <input type="checkbox"/> DENIED RELIGIOUS ACCOMMODATION |
| <input type="checkbox"/> HARASSED/INTIMIDATED | <input type="checkbox"/> FAILURE TO PROMOTE | <input type="checkbox"/> DENIED DISABILITY ACCOMMODATION |
| <input type="checkbox"/> RETALIATED AGAINST | <input type="checkbox"/> FAILURE TO RECALL | <input type="checkbox"/> OTHER _____ |

HOUSING COMPLAINTS ONLY

(COMPLETE THIS BOX ONLY IF YOU ARE SUBMITTING A HOUSING COMPLAINT)

RESPONDENT INFORMATION

IS THE RESPONDENT ONE OF THE FOLLOWING? (MARK ALL THAT APPLY.)

OWNER BUILDER BROKER SALESPERSON MANAGER BANK OR OTHER LENDER OTHER, SPECIFY: _____

WHAT KIND OF PROPERTY WAS INVOLVED?

SINGLE FAMILY HOUSE HOUSE OR BUILDING FOR 2 OR MORE FAMILIES BUILDING FOR 5 OR MORE FAMILIES OTHER: _____

WHAT IS THE ADDRESS OF THE HOUSE OR PROPERTY? (STREET, CITY, COUNTY, STATE)

WAS THE HOUSE OR PROPERTY:

FOR SALE FOR RENT

DID THE OWNER LIVE AT THE PROPERTY?

YES NO

BASIS OF DISCRIMINATION: Why do you believe you were discriminated against? *Please mark below only the categories which apply. Specify within the categories you mark.*

RACE: _____

SEX/GENDER: MALE FEMALE

COLOR: _____

RELIGION: _____

NATIONAL ORIGIN: _____

CREED: _____

DISABILITY: _____

FAMILIAL STATUS (CHILDREN UNDER 18 OR PREGNANT)

RETALIATION

Check below if you were retaliated against because of any of the following:

FILED A COMPLAINT OF DISCRIMINATION

GAVE TESTIMONY OR OTHERWISE PARTICIPATED IN A DISCRIMINATION INVESTIGATION

OPPOSED OR OBJECTED TO DISCRIMINATION

OTHER: _____

WHICH OF THE FOLLOWING ACTIONS WERE TAKEN AGAINST YOU? *Check only those that apply.*

REFUSAL TO SELL, RENT OR NEGOTIATE WITH YOU

DISCRIMINATED IN FINANCING

FALSELY DENIED THAT HOUSING WAS AVAILABLE

ADVERTISED IN A DISCRIMINATORY MANNER

INTIMIDATED, INTERFERED OR COERCED

DISCRIMINATED IN REAL ESTATE SERVICES

DIFFERENT TERMS OR CONDITIONS OF THE SALE/ RENTAL

REFUSAL TO MAKE MODIFICATION / ACCOMMODATION

RETALIATED AGAINST

OTHER _____

PUBLIC ACCOMMODATION ONLY*

(COMPLETE THIS BOX ONLY IF YOU ARE SUBMITTING A PUBLIC ACCOMMODATION COMPLAINT)

*Denial of service or access to a place of public accommodation

BASIS OF DISCRIMINATION: Why do you believe you were discriminated against? *Please mark below only the categories which apply. Specify within the categories you mark.*

- RACE: _____ SEX/GENDER: MALE FEMALE
 COLOR: _____ RELIGION: _____
 NATIONAL ORIGIN: _____ CREED: _____
 AGE (40 AND OVER): _____

RETALIATION

Check below if you were retaliated against because of any of the following:

- FILED A COMPLAINT OF DISCRIMINATION
 GAVE TESTIMONY OR OTHERWISE PARTICIPATED IN A DISCRIMINATION INVESTIGATION
 OPPOSED OR OBJECTED TO DISCRIMINATION
 OTHER: _____

TITLE VI* COMPLAINTS ONLY

(COMPLETE THIS BOX ONLY IF YOU ARE SUBMITTING A TITLE VI COMPLAINT)

*For discrimination in programs and activities receiving federal financial assistance.

BASIS OF DISCRIMINATION:

Please specify the categories which you marked.

- RACE: _____ COLOR : _____
 NATIONAL ORIGIN: _____
 RETALIATION: _____

Check below if you were retaliated against because of any of the following:

- FILED A COMPLAINT OF DISCRIMINATION
 GAVE TESTIMONY OR OTHERWISE PARTICIPATED IN A DISCRIMINATION INVESTIGATION
 OPPOSED OR OBJECTED TO DISCRIMINATION
 OTHER: _____

WHICH OF THE FOLLOWING ACTIONS WERE TAKEN AGAINST YOU? (Check only those that apply and describe below.)

- DENIED PROGRAM SERVICE, AID, OR BENEFIT
 RECEIVED SERVICE OR BENEFIT DIFFERENTLY OR INFERIOR TO THOSE PROVIDED TO OTHERS
 SUBJECTED TO SEGREGATE OR SEPARATE TREATMENT RELATED TO THE RECEIPT OF ANY SERVICE OR BENEFIT
 DENIED OPPORTUNITY TO PARTICIPATE AS MEMBER OF PLANNING OR ADVISORY BODY
 RETALIATED AGAINST
 OTHER _____

IMPORTANT NOTICE

To file in state court: For Employment, Housing and Public Accommodation Complaints:

You, as the Complainant, have the right to hire an attorney and file a civil lawsuit in the state court system, either Chancery or Circuit, at any time during the investigation of this complaint. If you choose this option, you must file suit within one (1) year after the alleged discriminatory practice ceases, and prior to any determination being made by the Tennessee Human Rights Commission (THRC). Unlike federal law, state law does not toll the statute of limitations on your claim while your charge is being investigated and/or mediated by this agency. You are not required to file a complaint with the THRC, nor do you need the THRC’s permission before you can file suit in Chancery or Circuit court. If you file a civil lawsuit in Chancery or Circuit court, then pursuant to state law, THRC must administratively close its investigation of your complaint.

If THRC issues a *final* determination in your case, and you subsequently file a civil lawsuit in state court asserting the same allegations as your THRC complaint, then your case may be dismissed. However, within 30 days of receipt of THRC’s *final* determination, you may file a private action in either Chancery or Circuit court appealing the determination.

For Housing Complaints only:

If a federal law is involved, this agency will send the Department of Housing and Urban Development (HUD) a copy of our Notice of Determination. HUD will then mail the parties a Notice of Closure of this case. Notwithstanding the determination by HUD, the Fair Housing Act provides that the complainant may file a civil action in an appropriate court within two (2) years after the occurrence or termination of the alleged discriminatory housing practice. The computation of this two-year period does not include the time during which this administrative proceeding was pending.

For Employment Complaints only:

If a federal law is involved, this agency will send the Equal Employment Opportunity Commission (EEOC) a copy of our Notice of Determination. The EEOC will then mail the parties a Notice of Closure of this case and/or a Right to Sue in federal court. A lawsuit must be filed in an appropriate court within ninety (90) days of receipt of the EEOC Notice of Closure/Right to Sue.

For Title VI Complaints only:

An individual has the right to file an administrative complaint against any state department or agency (recipient), or subrecipient receiving Federal financial assistance.

By signing this complaint form, you are acknowledging that you have read and understand your rights as set forth above.

Declaration: *I declare under penalty of perjury that the foregoing information in my complaint is true and correct.*

Complainant Signature

Date

WITNESSES. Please list any individuals that may have information that supports or clarifies your complaint. Include as much contact information as possible. *This list will not be provided to the Respondent(s) named in your complaint.*

1. Name _____
First Last

Address _____ Apt # _____ City _____ State _____ Zip _____

Phone Number () _____

2. Name _____
First Last

Address _____ Apt # _____ City _____ State _____ Zip _____

Phone Number () _____

3. Name _____
First Last

Address _____ Apt # _____ City _____ State _____ Zip _____

Phone Number () _____

4. Name _____
First Last

Address _____ Apt # _____ City _____ State _____ Zip _____

Phone Number () _____

5. Name _____
First Last

Address _____ Apt # _____ City _____ State _____ Zip _____

Phone Number () _____

6. Name _____
First Last

Address _____ Apt # _____ City _____ State _____ Zip _____

Phone Number () _____

OPTIONAL: For statistical and informational purposes only. Please select all that apply.

What is your race/ethnicity?

- ASIAN AMERICAN INDIAN OR ALASKA NATIVE BLACK PACIFIC ISLANDER WHITE

Are you of Hispanic, Latino, or Spanish origin? YES NO

If yes, please specify (I.E., MEXICAN, PUERTO RICAN, ETC.): _____

OTHER ORIGIN, SPECIFY: _____

How did you learn about the Tennessee Human Rights Commission?

- Radio Television Friend Other, specify _____.