

TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground 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.” If you feel you have been discriminated, please provide the following information in order to assist us in processing your complaint:

COMPLAINANT CONTACT INFORMATION <i>Please provide your name and contact information</i>								
Name:								
Address:					County:			
City:				State:			Zip:	
Day Phone:				Cell Phone:				
Email Address:								
<i>Please provide the name and contact information of the person that you believe discriminated against you.</i>								
Name:								
Address:								
City:				State:			Zip:	
<i>Please indicate why you believe the discrimination occurred.</i>								
<input type="checkbox"/> Race			<input type="checkbox"/> National Origin			<input type="checkbox"/> Color:		
<i>Please provide the dates of the alleged discrimination:</i>								
Beginning Date:		Ending Date:		On Going:	<input type="checkbox"/>	Yes	<input type="checkbox"/> No	
<i>Please provide where the alleged discrimination took place.</i>								
Address:								
City:				State:			Zip:	
<i>In your own words, please describe the circumstances as you saw them: - Use additional paper if needed</i>								
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*Please list any individuals that may have information that supports or clarifies your complaint.
Include as much contact information as possible. Use additional paper if needed.*

#1

Name:

Address:

City:

State

Zip

Phone:

#2

Name:

Address:

City:

State:

Zip

Phone:

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation. Please sign and date this form and send to the Title VI Coordinator at:

John McFadden, Title VI Coordinator
Green Interchange
324 Franklin Street
Clarksville, TN 37040
Phone: 615-330-5364
Email: john@greeninterchange.org

Complainant Signature:

Date:

Print Name:

