



Complainant's Report

Complaint Under Title VI of the Civil Rights Act of 1964

Instructions:

Complete all applicable sections and return an original copy of this form with your signature to the Montgomery County Title VI Coordinator (address below). Please be sure that the Title VI Coordinator is kept informed of any changes in your contact information. Complaints must be filed in writing within 180 days of the alleged event.

To: Montgomery County Title VI Coordinator
1 Millennium Plaza, Suite 201
Clarksville, TN 37040

Date Filed: _____

Complainant's Contact Information:

Complainant's Name: _____

Address:

Phone Number - Cell: _____ Phone Number – Home: _____

Phone Number – Work: _____

Email

Address(es): _____

Respondent's Contact Information:

Provide the name and information of the entity (department/program) and/or person you believe discriminated against you. Write "N/A" if the information is not applicable.

Department Name: _____

Program Name: _____

Person's Name: _____

Respondent's Address:

Respondent's Phone Number(s):

Respondent's Email
Address(es): _____

Details:

When did the alleged discriminatory act(s) occur? Include all dates from the beginning date until the most recent occurrence.

BASIS OF DISCRIMINATION: Why do you believe you were discriminated against? Circle all that apply.

RACE

COLOR

NATIONAL ORIGIN

Is this complaint alleging retaliation? Circle YES or NO.

- YES**
- NO**

IF YES, check all of the reasons below that apply:

- Filed a Complaint of Discrimination
- Gave Testimony or Participated in a Discrimination Investigation
- Opposed or Objected to Discrimination
- OTHER – Please Explain:

Witness Information:

Please list any individuals who may have information that supports or clarifies your complaint. Include as much contact information as possible. Attach additional paper if needed.

*****This information will NOT be provided to the respondent.*****

Witness #1:

Name: _____ Phone Number: _____

Address:

Email Address: _____

Relation to Complainant and/or the Event in Question:

Witness #2

Name: _____ Phone Number: _____

Address:

Email Address: _____

Relation to Complainant and/or the Event in Question:

Witness #3

Name: _____ Phone Number: _____

Address:

Email Address: _____

Relation to Complainant and/or the Event in Question:

“An individual has the right to file an administrative complaint against any state department or agency (recipient), or subrecipient receiving Federal financial assistance. A complainant may file a complaint within the County and file a complaint externally at the same time. If this occurs, the external complaint supersedes the internal complaint filing. Accordingly, the County's complaint procedures will be suspended pending the outcome of the external complaint.”

Have you made an official complaint to any other entity, State Agency, or Federal Department?

If you have filed a complaint with another entity, please list the entity that you have filed a complaint with and the date on which the complaint was filed:

Entity: _____

Date: _____

Print your name, sign, and date below.

Complainant's Printed Name: _____

Complainant's Signature: _____

Date Signed: _____