

Cerebral Palsy Center
TITLE VI COMPLAINT FORM

The following information is needed in order to process your complaint.

1. What is/are the basis(es) on which you believe these alleged discriminatory actions were taken?

Race

Color

National Origin

Other, explain: _____

2. What is/are the date(s) of alleged discrimination? _____

3. Complainant's Contact Information:

Name:		
Mailing Address:		
City:	State:	Zip Code:
Home Telephone Number:	Work Telephone Number:	Cell Telephone Number:

4. Name of agency, department, or program that you believe discriminated against you:

Agency or Department:

Name:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:		

5. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible (add additional sheets of paper for space).

6. List names and contact information of persons who may have knowledge of the alleged discrimination.

7. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Circle all that apply.

Federal Agency

Federal Court

State Agency

State Court

Local Agency

If so, provide information about a contact person at the agency/court where the complaint was filed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:		

The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that may be relevant to your claim.

Print Name

Signature

Date:

Submit complaint form and any additional information to:

Cerebral Palsy Center
Angelia Jones
241 E Woodland Avenue
Knoxville, TN 37917
85-523-0491

*A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act.

*If this allegation is regarding employment discrimination, please contact the **Tennessee Human Rights Commission** or the **Equal Employment Opportunity Commission**.

* Title VI complaints may also be filed with the **Tennessee Department of Transportation, Tennessee Human Rights Commission, Federal Highway Administration, Federal Transit Authority, Federal Aviation Administration, and the U.S. Department of Justice.**

TDOT Civil Rights Division
Title VI Program Director 505 Deaderick Street, Suite 1800
Nashville, Tennessee 37243
Phone: 615.741.3681 Toll Free: 1.888.370.3647 Fax: 615.741.3169

TN Human Rights Commission
William R. Snodgrass BLD/TN Towers, 312 Rosa
Parks AVE, 23rd Floor, Nashville, TN 37243
Phone: 800.251.3589

FHWA Office of Civil Rights
1200 New Jersey AVE, S.E., 8th Floor E81-314
Washington, DC 20590
Phone: 202.366.0693

Equal Employment Opportunity Commission
50 Vantage Way, Suite 202
Nashville, TN 37228-9940
Phone: 800.669.4000
TTY: 800.669.6820

FTA Office of Civil Rights
Title VI Program Coordinator
East Building, 5th Floor -TCR
1200 New Jersey AVE, S.E.,
Washington, DC 20590
Phone: 888.446.4511

Federal Aviation Administration
Office of Civil Rights
RM 1030, ACR-1
800 Independence AVE, SW
Washington, DC 20591
Phone: 888.954.8688

US Department of Justice
Civil Rights Division
Federal Coordination and Compliance Section, NWB
950 Pennsylvania AVE, N.W.
Washington, D.C. 20530
Phone: 202.514.0716

