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:

Please print clearly:

Name: _____________________________________________________________

Address: __________________________________________________________

City, State, Zip Code: ________________________________________________

Telephone Number: _________ (home) _________ (cell) _________ (message)

Person discriminated against: _________________________________________

Address of person discriminated against: _________________________________

City, State, Zip Code: ________________________________________________

Please indicate why you believe the discrimination occurred:

_____ race or color

_____ national origin

_____ other

What was the date of the alleged discrimination? _________________________

Where did the alleged discrimination take place? _________________________

Please describe the circumstances as you saw it: _________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Please list any and all witnesses’ names and phone numbers:


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


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

**Tennessee Department of Agriculture**
**Ellington Agricultural Center**
**440 Hogan Road**
**Nashville, TN 37220**

__________________________________
Your signature

__________________________________
Print your name

__________________________________
Date