

( AGENCY LETTERHEAD/LOGO )  
( AGENCY NAME )  
( AGENCY ADDRESS )

## Title VI Unfair Treatment Complaint Form

Federal laws state that recipients of Federal financial assistance, including state departments and the entities in which state departments distribute financial assistance should not discriminate on the grounds of race, color, national origin, sex, age, beliefs or disability.

If you feel you have been treated unfairly for any of these reasons, you have the right to file a formal complaint. Complete the following information so that your complaint may be processed:

**1. Are you filing this complaint for yourself? ☐ Yes ☐ No**

If no, tell us your name & relationship: \_\_\_\_\_

Give us a phone number where we can reach you: (\_\_\_\_) \_\_\_\_\_

**2. What is the name of the person you feel was treated unfairly?**

<b>Name of Person (complainant)</b> _____/_____/_____ Last First Middle Initial			<b>Date of Birth</b> ____ - ____ - ____ Month / Day / Year
<b>Full Mailing Address</b> _____ _____ Street Number and Name, Rural Route, Apartment Number, Lot Number, P.O. Box, etc.			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	Daytime Phone ( ) Evening Phone ( )

**3. Who do you think treated this person unfairly?**

Name

Address

City, State, and Zip Code

Phone Number (\_\_\_\_) - or - (\_\_\_\_).

**4. Check the box or boxes that you think were the reason for the unfair treatment:**

Race ☐

Religion ☐

Color ☐

Beliefs ☐

Birthplace ☐  
Age ☐

Language Spoken ☐  
Disability ☐

Sex ☐

What date/s did the unfair treatment take place?

Do you think it has happened at other times? ☐ Yes ☐ No If yes, how many other times? \_\_\_\_\_

Have you complained about this problem before and tried to have it stopped? ☐ Yes ☐ No

If yes, who have you talked to about it? Name/s: \_\_\_\_\_

When did you talk to them about it? (dates)\_\_\_\_\_

Have you filed this complaint with another federal, state, or local agency? ☐ Yes ☐ No

Have you filed this complaint with any federal or state court? ☐ Yes ☐ No

If yes, check all that apply.

Federal agency	<input type="checkbox"/>	Federal court	<input type="checkbox"/>
State agency	<input type="checkbox"/>	State court	<input type="checkbox"/>
		Local agency	<input type="checkbox"/>

If yes, tell us the name of the contact person at the agency/court where you filed the complaint:

Name:

Agency/Court Name:

Address:

City, State, and Zip Code:

Phone Number: (\_\_\_\_)\_\_\_\_\_

**5. In your own words, write-out what happened, and how this treatment was different from others (You can attach more pages if you need them and remember to number them).**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

Please sign below and attach any other information that you think may be helpful.

Sign here: X \_\_\_\_\_ Date: \_\_\_\_\_

If you filled out this page for someone else, sign here: X \_\_\_\_\_

Print your name: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions, please call ( Agency Name) at \_\_\_\_\_ (contact numbers) \_\_\_\_\_) for help.

OR

To get help in another language, call one of these numbers:

Language	Toll Free Number	Nashville Number
Arabic	1-877-652-3046	615-313-9840
Bosnian	1-877-652-3069	615-313-9382
Kurdish-Badinani	1-877-652-3046	615-313-9840
Kurdish-Sorani	1-877-652-3046	615-313-9840
Somali	1-877-652-3054	615-313-9894
Spanish	1-800-254-7568	615-227-7568
Vietnamese	1-800-269-4901	615-313-9899

Once this form is completed, please send to:

(Agency Name) Title VI Coordinator (Name of Person)

(Agency Name) Title VI Coordinator's Address

( Agency Name ) does not support unfair treatment based on race, color, language spoken, sex, religion, beliefs, handicap/disability or age.