Reset Form

Tennessee Secretary of State's Office
Title VI Coordinator
Fiscal and Administrative Services Division
312 Rosa L. Parks Avenue, 7th Floor
Nashville, TN 37243
Fax: (615) 532-9547 ◆ Email: SOS.TitleVI@tn.gov

Title VI Discrimination Complaint Form

Any person alleging discrimination on the basis of race, color, or national origin has a right to file a complaint within 180 days of the alleged discriminatory act. At the complainant's discretion, the complaint can be filed with the Tennessee Human Rights Commission or the Tennessee Secretary of State's Office. If filed with the Tennessee Secretary of State's Office, the complaint should be directed to the attention of the Fiscal and Administrative Services Title VI Coordinator.

All complaints, written or verbal, should be accepted. In the event a complainant sets forth the allegations verbally and refuses to reduce such allegations to writing, the Fiscal and Administrative Services Title VI Coordinator should reduce the elements of the complaint to writing.

COMPLAINANT CONTACT INFORMATION *Please provide your name and contact information.*	
Name:	
Address:	
City:	
State:	**Zip:**
County:	
Home Phone:	**Cell Phone:**
Email Address:	
Date of Birth:	

BASIS OF THE DISCRIMINATORY COMPLAINT *Please specify the categories which you marked.*		
Race:	**National Origin:**	**Color:**

WHEN DID THE DISCRIMINATORY ACT(S) OCCUR? *Please provide the dates of the alleged act(s).*
Beginning Date of the Alleged Act:
End Date of the Alleged Act:
Is the Alleged Act Ongoing? ☐ **YES** ☐ **NO**

CONTACT INFORMATION *Please provide the name and contact information of the **person** that you believe discriminated against you.*		
Name:		
Address:		
City:	**State:**	**Zip:**
County:	**Phone Number:**	

CONTACT INFORMATION *Please provide the name and contact information of the **entity** that you believe discriminated against you.*		
Name of Entity :		
Address:		
City:	**State:**	**Zip:**
County:	**Phone Number:**	

TELL US WHAT HAPPENED *In your own words, tell us what happened. Provide dates, if applicable, and describe how you were treated differently than others. Use additional paper if needed.*

TELL US WHAT HAPPENED *(CONTINUED)*

Please sign below to acknowledge that the information entered in the complaint is true and correct.

Complainant Signature

Date

WITNESSES *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.*		
Witness #1:		
Name:		
Address:		
City:	**State:**	**Zip:**
Phone Number:		
Witness #2:		
Name:		
Address:		
City:	**State:**	**Zip:**
Phone Number:		
Witness #3:		
Name:		
Address:		
City:	**State:**	**Zip:**
Phone Number:		
Witness #4:		
Name:		
Address:		
City:	**State:**	**Zip:**
Phone Number:		
Witness #5:		
Name:		
Address:		
City:	**State:**	**Zip:**
Phone Number:		
Witness #6:		
Name:		
Address:		
City:	**State:**	**Zip:**
Phone Number:		