Title VI Complaint Form

Section 601 of Title VI of the Civil Rights Act of 1964 states that “[n]o 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 against, please provide the following information in order to assist Tennessee Craft in processing your complaint.

Date submitted to Tennessee Craft must be no later than 180 days from the date of the incident reported on the form.

Information on the form with the exception of witness information and your contact information other than your name may be supplied to the person(s) identified as cause for Title VI complaint, and such person(s) will be allowed to supply in writing their response regarding the complaint.

SECTION 1 (Please print clearly):

Name: _____________________________________________________________________
Address: ___________________________________________________________________
City, State, Zip Code: _________________________________________________________
Telephone Number: ______________________ (Home) ______________________ (Work)
Accessible format requirements? ________________________________________________

SECTION 2

Are you filing this complaint on your own behalf? _____ (Yes) _____ (No)
If you answered yes to this question, go to Section 3.
If not, please supply the name and relationship of the person for whom you are complaining:
Name: _________________________________Relationship:_________________________
Please explain why you have filed for a third party: ________________________________
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third party. _____ (Yes) _____ (No)

SECTION 3

I believe the discrimination I experienced was based on (check all that apply):
______ Race _______ Color_______ National Origin _______Other
If Other, please specify ________________________________________________________
Date and Place of Occurrence: _________________________________________________

Name(s) and Title(s) of the person(s) who I believe discriminated against me:
____________________________________________________________________________

The action or decision which caused me to believe I was discriminated against is as follows:
(Please include a description of what happened and how you were excluded, denied or subjected):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please list any and all witnesses' names and phone numbers:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
What type of corrective action would you like to see taken?

________________________________________________________________________

________________________________________________________________________

SECTION 4

Have you previously filed a Title VI complaint with Tennessee Craft? _____ (Yes) _____ (No)

SECTION 5

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? _____ (Yes) _____ (No)

If yes, check all that apply:
Federal Agency_____ Federal Court____ State Agency_____ State Court ____ Local Agency____

Please provide information about a contact person at the agency/court where the complaint was filed.
Name: ___________________________ Title: __________________________
Agency: ________________________________________________________________
Address: ______________________________________________________________________
Telephone Number: ________________________________

You may attach any written materials or other information that you think is relevant to your complaint.

I believe the above information is true and correct to the best of my knowledge.
Signature and date required below:

_________________________________________  ________________________________
Signature                                      Printed Name

_________________________________________
Date Signed

Please submit this form in person at the address below or mail this form to:
Tenneseee Craft
ATTN: Title VI Coordinator
PO Box 120066
Nashville, TN  37212