

**CITY OF KNOXVILLE  
TITLE VI DOCUMENTATION**

**COMPLAINT OF DISCRIMINATION**

**Note: The following information is requested to help in processing your complaint. If you need help in completing this form, please request assistance.**

**1. Complainant**

**Name** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**2. Person discriminated against (if someone other than the complainant)**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Telephone Number(s) Home ( ) Business( )** \_\_\_\_\_

**3. Are you represented by an attorney for this complaint?**

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

**If yes, please complete the following:**

**Attorney's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**4. Which City Department or Subrecipient do you believe discriminated against you?**

**Name:** \_\_\_\_\_

**5. Which of the following best describes the reason you believe the discrimination took place?**

**Race** \_\_\_\_\_ **Color** \_\_\_\_\_ **National Origin** \_\_\_\_\_

**6. Date of the alleged discrimination:** \_\_\_\_\_

**7. In the space below please describe the alleged discrimination. Explained what happened and who you believe was responsible. (Please print or type)**

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**8. Have you tried to resolve this complaint through the internal grievance procedure? Yes \_\_\_ No \_\_\_**

**If yes what is the status of the grievance?**

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**Name and title of the person who is handling the grievance procedure.**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**9. Have you filed a complaint of the alleged discrimination with a Federal, State or Local agency; or with a state or federal court?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, check all that apply:**

<b>Federal</b>	_____	<b>Federal Court</b>	_____
<b>State</b>	_____	<b>State Court</b>	_____
<b>Local</b>	_____		

**Please provide the name of the Agency where you filed your complaint:**

**Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**10. Please sign below. You may attach any additional information you think is relevant to your complaint.**

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Date**