



TENNESSEE DEPARTMENT OF REVENUE
TITLE VI COMPLAINT FORM

Please return completed form to Revenue.HR@tn.gov. If you need assistance, please contact the department's Title VI Coordinator, located in the Human Resource office, Andrew Jackson State Office Building, 11th floor, Nashville, TN, 37242. Phone (615)741-2828.

1. Complainant's Name _____
Address _____
City, State and Zip Code _____
Telephone Number (home) _____
(business) _____

2. What is the name and location of the agency that you believe discriminated against you?
Name _____
Address _____
City, State and Zip Code _____
Telephone Number _____

3. Which of the following best describes the category in which you believe discrimination took place?
Race _____
Color _____
National Origin _____
Retaliation _____

Check below whether you were retaliated against because of any of the following:

- Filed a complaint of discrimination
- Gave testimony or otherwise participated in a discrimination investigation
- Opposed or objected to discrimination
- Other: _____

4. Which of the following actions were taken against you? (Check only those that apply and describe below)

- Denied program service, aid or benefit
- Received service or benefit differently or inferior to those provided to others
- Subjected to separate treatment related to the receipt of any service or benefit
- Retaliated against
- Other _____

5. When did the discriminatory act(s) occur?

Beginning date of the alleged discriminatory act _____

Most recent date of the alleged discriminatory act _____

Is the alleged discriminatory act ongoing? _____

6. In your own words, tell us what happened. Give dates, when applicable. Describe how others were treated differently than you. Use additional paper if needed.

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

Complainant's Signature

Date