UC HRA Upper Cumberland Human Resource Agency

Title VI of the Civil Rights Act of 1964 | Discrimination Complaint Form

Federal law prohibits discrimination on the basis of race, color, or national origin. If you believe you have been discriminated against, please complete this form. If you need help, contact our office.

Type of Complaint: ☐ Race ☐ Color ☐ National Origin

Complainant Contact Information:

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Mobile: _____

Email: _____

Respondent Contact Information (Person or Agency You Believe Discriminated Against You):

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____

Type of Business/Agency: _____

Immediate Supervisor: _____ (*For Employment Only*)

Date(s) of Discriminatory Act(s):

_____ _____

Beginning Date Most Recent Date

Is the alleged act ongoing? ☐ Yes ☐ No

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Description of the Alleged Discrimination:
Explain what happened, when, and who was responsible. Please be specific. You may attach extra sheets.

_____

_____

_____

Resolution Attempts
Have you tried to resolve this complaint with the institution/agency/person? ☐ Yes ☐ No

If yes, what is the status? _____

Complaint Filed for Someone Else? ☐ Yes ☐ No

If yes, the complaint concerns: _____
First and Last Name

Filed with Other Agency or Court? ☐ Yes ☐ No

Contact Person: _____

Agency/Court: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Certification & Signature
I certify that the above information is true to the best of my knowledge.

_____ _____
Complainant's Signature Date

Mail this form to:
Title VI Equal Opportunity Office
580 S. Jefferson Ave., Ste. B
Cookeville, TN 38501

Email this form to:
customerservice@uchra.com

Privacy Statement: Filing a complaint is voluntary. The information you provide will be used solely to process your complaint under Title VI. Confidentiality is protected under the Privacy Act of 1974.