FRONTIER HEALTH

TITLE VI COMPLAINT FORM

The following information is needed in order to process your complaint.

1. What is/are the basis(es) on which you believe these alleged discriminatory actions were taken?

Race Color

National Origin

Other, explain:

1. What is/are the date(s) of alleged discrimination?
2. Complainant's Contact Information:

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Home Telephone Number: | Work Telephone Number: | Cell Telephone Number: |

1. Name of agency, department, or program that you believe discriminated against you: Agency or Department:

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Telephone Number: | | |

1. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible (add additional sheets of paper for space).
2. List names and contact information of persons who may have knowledge of the alleged discrimination.
3. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

Federal Agency Federal Court State Agency State Court Local Agency

If so, provide information about a contact person at the agency/court where the complaint was filed.

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Telephone Number: | | |

The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that may be relevant to your claim.

Print Name Signature

Date:

Submit complaint form and any additional information to:

Justin Hutchison  
Title VI Coordinator  
1167 Spratlin Park Drive  
Gray, TN 37615  
423-467-3600

\*A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act.

\*If this allegation is regarding employment discrimination, please contact the **Tennessee Human Rights Commission** or the **Equal Employment Opportunity Commission.**

**\*** Title VI complaints may also be filed with the **Tennessee Department of Transportation, Tennessee Human Rights Commission, Federal Highway Administration, Federal Transit Authority, Federal Aviation Administration, and the U.S. Department of Justice.**

TDOT Civil Rights Division

Title VI Program Director 505 Deaderick Street, Suite 1800

Nashville, Tennessee 37243

Phone: 615.741.3681 Toll Free: 1.888.370.3647 Fax: 615.741.3169

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| TN Human Rights Commission  William R. Snodgrass BLD/TN Towers, 312 Rosa Parks AVE, 23rd Floor, Nashville, TN 37243 Phone: 800.251.3589 | Equal Employment Opportunity Commission 50 Vantage Way, Suite 202  Nashville, TN 37228-9940  Phone: 800.669.4000  TTY: 800.669.6820 |
| FHWA Office of Civil Rights  1200 New Jersey AVE, S.E., 8th Floor E81-314 Washington, DC 20590  Phone:202.366.0693 | FTA Office of Civil Rights Title VI Program Coordinator East Building, 5th Floor -TCR 1200 New Jersey AVE, S.E., Washington, DC 20590  Phone: 888.446.4511 |
| Federal Aviation Administration Office of Civil Rights  RM 1030, ACR-1  800 Independence AVE, SW Washington, DC 20591  Phone: 888.954.8688 | US Department of Justice Civil Rights Division  Federal Coordination and Compliance Section, NWB 950 Pennsylvania AVE, N.W.  Washington, D.C. 20530  Phone: 202.514.0716 |