Hamilton County Government Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 is the federal law that protects individuals from discrimination on the basis of their **race**, **color** or **national origin** in programs and activities that receive federal financial assistance.

Among other things, in operating a federally assisted program, a recipient cannot, on the basis of **race**, **color** or **national origin**, either directly or through contractual means:

- Deny program services, aids or benefits;
- Provide a different service, aid or benefit, or provide them in a manner different that they are provided to others
- Segregate or separately treat individuals in any manner related to the receipt of any service, aid or benefit; or
- Fail to take reasonable steps to provide Limited English Proficiency (LEP) persons with meaningful access to programs and activities.

The following information is needed in order to process your Title VI Complaint.

• A signed, written complaint to Hamilton County Government must be filed no later than thirty (30) calendar days after the alleged discrimination occurred.

Please indicate below the basis on which you believe the alleged discriminatory action was taken

Race	Color	National Origin				
Date(s) of alleged discrimination:						
Complainant's Information:						
Name:						
Address:						
City: State: Zip Code:						
Telephone Number (Home):						
Telephone Number (Work):						
Person(s) discriminated against, if different from above:						
Name:						
Address:						
City: State: Zip Code:						
Telephone Number (Home):						
Telephone Number (Work):						

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Name of agency, department or program that you believe discriminated against you:

Agency or Department:
Name of Individual:
City: State: Zip Code:
Telephone Number:
In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible (add additional sheets of paper for space, if necessary).
List names and contact information of persons who may have knowledge of the alleged discrimination.

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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	Other	

Provide information about a contact person at the agency/court where the complaint was filed.							
Name:							
Address:							
City: State: Zip Code:							
Telephone Number:							
Have you filed any other complaints with any department of Hamilton County Government?							
Yes			No				
The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below							
Signature	ature Date						
Printed Name You may attach any written materials or other supporting information that you think is relevant to your complaint.							
Attachments:	Yes		No				

Please contact the Title VI Department with questions about this form or questions about the complaint resolution process.

Submit the Title VI Complaint Form and any additional information to:

Hamilton County Government EEO Office/Title VI Department 317 Oak Street Suite 220 Chattanooga, TN 37403 (423) 209-6146 – Phone (423) 209-6145 – Fax

TitleVI@HamiltonTN.Gov www.HamiltonTN.Gov/TitleVI

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