

**Tennessee Department of Transportation (TDOT)
Civil Rights Office**

**Title VI
Complaint Form**

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

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

*If this **allegation is in regards to Employment Discrimination**, please contact the Tennessee Human Rights Commission or the Equal Employment Opportunity Commission.

Tennessee Human Rights Commission
Andrew Johnson Tower
710 James Robertson Parkway, Suite 100
Nashville, Tennessee 37243
Phone: 1.800.251.3589

Equal Employment Opportunity Commission
50 Vantage Way, Suite 202
Nashville, Tennessee 37228 -9940
Phone: 1.800.669.4000
TTY: 1.800.669.6820

*If this allegation is **transportation - related** in terms of a project, activity or service delivery, please indicate below the basis on which you believe these alleged discriminatory actions were 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): _____

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

Agency or Department: _____

Name of Individual: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible (add additional sheets of paper for space).

List names and contact information of persons who may have knowledge of the alleged discrimination.

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
- State Agency
- Local Agency
- Federal Court
- State Court

Provide information about a contact person at the agency/court where the complaint was filed.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number (Work): _____

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 you think is relevant to your complaint.

Complainant Signature

Date

Attachments: Yes No

Submit Form and any additional information to:

TDOT Civil Rights Office
Title VI Program Director
505 Deaderick Street, Suite 1800
Nashville, Tennessee 37243

OR

Rutherford County HR
Title VI Coordinator
303 N. Church Street, Suite 200
Murfreesboro, TN 37130
Phone: 615.494.4480
Fax: 615.907.5699

Phone: 615.741.3681
Toll Free: 1.888.370.3647
Fax: 615.741.3169