



...CREATING A DIALOGUE WITH THE WORLD

227 FRENCH LANDING DR., SUITE 100, NASHVILLE, TN 37228 • www.ffli.org • 615.741.7579 • (FAX) 615.741.7331

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Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to:
TFLI Title VI Coordinator
227 French Landing Drive, Suite 100
Nashville, TN 37228

1. Complainant's Name:
2. Address:
3. City/State/Zip Code:
4. Telephone -- (home): (work): (mobile):
5. Person discriminated against (if someone <i>other than</i> the complainant): Name: _____ Address: _____ City/State/Zip Code: _____
6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your: a. Race/Color: _____ b. National Origin: _____ c. Other: _____
7. What date did the alleged discrimination take place?
8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form or additional pages as needed.

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes: _____ No: _____

If yes, check each box that applies:

- Federal agency Federal court State agency State court
 Local agency

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

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

Complainant's Signature

Date