

Title VI/ EEO Complaint Form

Pursuant to its policy of non-discrimination, the Department of State does not discriminate on the basis of race, color, sex, religion, creed, national or ethnic origin, age, pregnancy, disability, military service/veterans' status, or any other category protected by state and/or federal laws in its policies, or in the admission or access to, or treatment or employment in, its program, services or activities. **Equal Employment Opportunity and Title VI inquiries or complaints should be directed to the Department of State EEO Coordinator, 312 Rosa L. Parks Avenue, 7th Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243, (615) 741-7411.**

Date complaint filed:
Name and Title of Secretary of State Employee who was notified of complaint:

Complainant Information

Name:
Address:
City, State, Zip:
Phone:

Basis of Discrimination: Race Color National Origin

Please list the party/parties you believe discriminated against you

Name:
Address:
City, State, Zip:
Phone:
Division:

Timing of the discriminatory act(s)

Beginning date of alleged discriminatory act:
Most recent date of alleged discriminatory act:
Is the alleged discriminatory act ongoing? Yes <input type="checkbox"/> No <input type="checkbox"/>

What discriminatory actions do you believe were taken against you?

In your own words, describe the alleged discriminatory act(s). Please provide dates, when applicable.

Witnesses

(Please list any individuals that may have information that supports or clarifies your complaint. Include as much contact information as possible.)

Name:
Address:
City, State, Zip:
Phone:

Name:
Address:
City, State, Zip:
Phone:

Name:
Address:
City, State, Zip:
Phone: