

Greater Nashville Regional Council
220 Athens Way, Suite 200
Nashville, Tennessee 37228
615-862-8828 Fax: 615-862-8840
www.gnrc.org

Discrimination Complaint Form

1. Check the type of complaint you are filing:

____ Employment ____ Title VI

2. Provide your name, address, telephone number, email address and date of birth:

Name: _____
Address: _____
City, State and Zip: _____
Telephone Number: _____
Email: _____
Date of Birth: _____

3. Provide Contact information of someone who can assist us in contacting you should we have difficulty reaching you.

Name: _____
Address: _____
City, State and Zip: _____
Telephone Number: _____
Cellular Number: _____

4. Provide the name of the person or entity and address that you believe discriminated against you.

Name: _____
Entity Name: _____
For Employment only, name of immediate supervisor:

Address: _____
City, State and Zip: _____

5. When did the acts or alleged discriminatory acts occur?

Beginning date of the alleged discriminatory act? _____

Most recent date of the alleged discriminatory act? _____

Is the alleged discriminatory act ongoing? ____ Yes ____ No

6. Have you tried to resolve the complaint with the institution, agency, or person?

_____ Yes _____ No

If yes, what is the status of the complaint?

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

If yes, please indicate what agencies and/or courts you have filed a complaint.

Employment Complaints Only

Employment History

Employment began on: _____ Employment Ended on: _____ Pay Rate/Salary _____

Job Title at Time of Hire: _____ Current Job Title or Title at the time of termination: _____

Name of Supervisor: _____ Did you file with the EEOC? _____ Yes _____ No

Basis of Discrimination:

Please mark below only the categories which apply. Specify within the categories you mark.

____ Race _____ Sex/Gender ___ Male ___ Female
____ Color _____ Religion _____
____ National Origin _____ Creed _____
____ Disability _____ Age (40 and over) _____

Retaliation

Check below if you were retaliated against because of any of the following:

____ Filed a complaint of discrimination
____ Gave testimony or otherwise participated in a discriminatory investigation
____ Opposed or objected to the discrimination
____ Other: _____

Which of the following employment actions were taken against you?

____ Discharged _____ Transferred _____ Denied Benefits
____ Laid Off _____ Demoted _____ Denied Pay Raise
____ Suspended _____ Failure to Hire _____ Denied Religious
____ Harassed/Intimidated _____ Failure to Promote _____ Accommodation
____ Retaliated Against _____ Failure to Recall _____ Denied Disability
____ _____ _____ Accommodation
____ _____ _____ Other _____

Title VI Complaints Only

For discrimination in programs and activities receiving federal financial assistance.

Basis for Discrimination:

Please specify the categories which you marked.

Race _____
 Color _____
 National Origin _____

Retaliation:

Check below if you were retaliated against because of any of the following:

Filed a complaint of discrimination
 Gave testimony or otherwise participated in a discrimination investigation
 Opposed or objected to discrimination
 Other _____

Which of the following actions were taken against you?

Denied program service, aid, or benefit
 Received service or benefit differently or inferior to those provided to other
 Retaliated Against
 Other _____

Important Notice

You, as the complainant, have the right to hire an attorney and file a civil lawsuit in the state court system, either Chancery or Circuit, at any time during the investigation of this complaint. If you choose this option, you must file suit within (1) year after the alleged discriminatory practice ceases, and prior to any determination being made by GNRC. Unlike federal law, state law does not toll the statute of limitations on your claim while your charge is being investigated and/or mediated by this organization. You are not required to file a complaint with GNRC, and you do not need GNRC's permission before you can file suit in the Chancery or Circuit Court. If you file a civil lawsuit in Chancery or Circuit Court, then pursuant to state law, GNRC must administratively close the investigation of your complaint.

By signing this complaint form, you are acknowledging that you have read and understand your rights as set forth above.

Declaration: I declare under the penalty of perjury that the foregoing information in my complaint is true and correct.

Complainant Signature

Date

Witnesses: Please list any individual(s) that may have information that supports or clarifies your complaint. Include as much contact information as possible. This information will not be provided to Respondent unless otherwise provided by law.

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

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