

DEPARTMENT OF FINANCE & ADMINISTRATION

DISCRIMINATION COMPLAINT FORM

Please refer to the instructions for filing a complaint of civil rights discrimination here.

Use this form for complaints of discrimination against a division or entity of the Finance and Administration program delivery system based on the following federal statutes. In addition, those related to employment may be filed with the [TN Human Rights Commission](#) and/or the United States Equal Employment Opportunity Commission (EEOC).

Title VI of the Civil Rights Act of 1964, prohibits discrimination on the basis of race, color or national origin in the delivery of service or benefits by an organization receiving federal funding.

Title IX of the Education Amendments Act of 1972, prohibits discrimination on the basis of gender in educational programs or activities receiving federal funding.

Violence Against Women Act (VAWA) of 1994, as amended, 42 U.S.C. § 13925(b)(13) prohibits discrimination in programs either funded under the statute or administered by the Office on Violence Against Women, both in employment and in the delivery of services or benefits, based on actual or perceived race, color, national origin, sex, religion, disability, sexual orientation, and gender identity) (referring to the Safe Streets Act for enforcement).

DEPARTMENT OF FINANCE & ADMINISTRATION DOCUMENTATION OF COMPLAINT OF DISCRIMINATION		
NAME (of person making the complaint)		
	ADDRESS	
	TELEPHONE (business)	
	TELEPHONE (home)	
	EMAIL	
DESCRIPTION OF THE COMPLAINT: (describe what happened and who you believe was responsible)		
APPARENT BASIS OF THE ALLEGED DISCRIMINATION: (select all that apply) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 20%;"><input type="checkbox"/> race</div> <div style="width: 20%;"><input type="checkbox"/> color</div> <div style="width: 20%;"><input type="checkbox"/> national origin</div> <div style="width: 20%;"><input type="checkbox"/> sex</div> <div style="width: 20%;"><input type="checkbox"/> Sexual Orientation or Gender identity</div> <div style="width: 20%;"><input type="checkbox"/> age</div> <div style="width: 20%;"><input type="checkbox"/> religion</div> <div style="width: 20%;"><input type="checkbox"/> disability</div> </div>		
DATE OF ALLEGED DISCRIMINATION:		

Send to: Kelly Lancaster, F & A Civil Rights Coordinator, Human Resources | Office Tennessee
Department of Finance & Administration | 312 Rosa Parks Ave. 20th Floor | Nashville, TN 37243-1102

AGENCY OR PROGRAM ALLEGED TO HAVE DISCRIMINATED:		
	ADDRESS	
	TELEPHONE (business)	
PERSON DISCRIMINATED AGAINST (if other than complainant)		
	ADDRESS	
	TELEPHONE (business)	
	TELEPHONE (home)	
HAS THE COMPLAINT BEEN FILED THROUGH ANOTHER GRIEVANCE OR COMPLAINT PROCESS? YES NO IF SO, EXPLAIN AND PROVIDE CURRENT STATUS OF SUCH: (Use additional pages if needed.)		
<div style="display: flex; justify-content: space-between;"> <div>Signature</div> <div>Date</div> </div>		

Please sign and date in the space provided above. If you are unable to sign electronically, please print this form, sign, and send to the address listed herein.