



Tennessee Department of Human Services
Civil Rights Complaint

When completed, please mail form to:

Department of Human Services
Civil Rights Compliance Officer
400 Deaderick Street, 15th floor
Nashville, Tennessee 37243

Complainant's Name:

Complainant's Contact Information *

Mailing Address

Street Address		City	State ZIP
- -	- -	- -	
Home Number	Work Number	Cell Number	
E-Mail Address:			

* We will use any information provided to contact you unless you ask us not to.

Date(s) of Unfair Treatment:

Tell us how you believe you have been treated unfairly by the Department of Human Services or anybody providing services on behalf of the Department of Human Services. Please state below the basis on which you believe these unfair actions were taken. See page 2, for additional space to respond:

<input type="checkbox"/> Race/Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sex	<input type="checkbox"/> Religion
<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Political Beliefs	

