

TITLE VI COMPLAINT PROCEDURES

Who can file a Title VI complaint?:

Any family member, service recipient or legally authorized representative on behalf of such service recipient who applies for or receives any benefit or service provided by DMRS may file a complaint of discrimination on the basis of race, color, or national origin. The individual or organization filing the complaint need not be a victim of the alleged discrimination, but may complain on behalf of another person or group.

Filing a complaint:

A complaint alleging discrimination against a service provider or any entity of the Department of Finance and Administration, Division of Mental Retardation Services may be filed with an Agency Title VI Compliance Coordinator, Regional Title VI Compliance Coordinator or with DMRS Title VI Compliance Coordinator at the following address:

Brenda Clark, Director
Office of Civil Rights
500 Deaderick Street North
Andrew Jackson Building, 15th Floor
Nashville, TN 37243
(615) 253-6811 or 1-800-535-9725

A Title VI complaint may also be filed externally with the following agencies:

John Birdsong, Director
Tennessee Title VI Compliance Commission
505 Deaderick Street North
James K. Polk Building, 1st Floor
Nashville, TN 37243
(615) 253-6717

or

Regional Manager, Office for Civil Rights - Region IV
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
(404) 562-7886

A person filing a Title VI complaint has the right to file the complaint with the federal Office for Civil Rights at any stage of the complaint process. All Title VI complaints filed with the U.S. Department of Health and Human Services must be filed no later than 180 calendar days after the alleged discrimination occurred.



DEPARTMENT OF FINANCE AND ADMINISTRATION, DIVISION OF MENTAL RETARDATION SERVICES
DOCUMENTATION OF COMPLAINT
pursuant to Title VI of the Civil Rights Act of 1964.

NAME (of person making the complaint)		
	ADDRESS	
	TELEPHONE (business)	
	TELEPHONE (home)	
DESCRIPTION OF THE COMPLAINT: (describe what happened and who you believe was responsible)		
APPARENT BASIS OF THE DESCRIBED SITUATION: (select all that apply and explain)		
<input type="checkbox"/> race <input type="checkbox"/> national origin <input type="checkbox"/> color <input type="checkbox"/> other		
DATE DESCRIBED SITUATION OCCURRED:		
NAME OF ORGANIZATION INVOLVED IN THE COMPLAINT:		
	ADDRESS	
	TELEPHONE (business)	
	TELEPHONE (home)	
PERSON INVOLVED (if other than complainant)		
	ADDRESS	
	TELEPHONE (business)	
	TELEPHONE (home)	
HAS THE COMPLAINT BEEN FILED THROUGH ANOTHER GRIEVANCE OR COMPLAINT PROCESS? IF SO, EXPLAIN AND PROVIDE CURRENT STATUS OF SUCH:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Signature		Date
• attach any written materials or other information relevant to the complaint		
MR-0482		