



**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE & ADMINISTRATION  
COMPLAINT OF SEXUAL MISCONDUCT, DOMESTIC  
VIOLENCE, OR DATING VIOLENCE IN THE  
WORKPLACE FORM**

**Mail the ORIGINAL form to the  
address below or send via email  
to FA.CivilRights@tn.gov.**

**For mail, mark the outside of the  
envelope "CONFIDENTIAL".**  
State of Tennessee  
Attn: F&A Civil Rights  
20th Floor WRS Tennessee Tower  
312 Rosa L. Parks Ave.  
Nashville, TN 37243

**COMPLAINT OF SEXUAL MISCONDUCT, DOMESTIC VIOLENCE, OR DATING  
VIOLENCE IN THE WORKPLACE**

**Statement Concerning Confidentiality**

This form is for complaints to the Department of Finance and Administration for violation of the Sexual Misconduct, Domestic Violence, or Dating Violence in the Workplace Policy, required by the United States Department of Justice, Office on Violence Against Women, for use with certain federal grants. Complaints for violations of the State of Tennessee's Discrimination and Workplace Harassment Policies should be filed under DOHR Policy 12-009 and/or F & A Nondiscrimination Policy and Complaint Procedure (Policy No. 36).

Pursuant to Tennessee Code Annotated § 10-7-503(a)(2)(A), "all state . . . records . . . shall at all times, during business hours, be open for personal inspection by any citizen of Tennessee, and those in charge of such records shall not refuse such right of inspection to any citizen, unless otherwise provided by state law." Accordingly, the State cannot and does not guarantee the confidentiality of this document or any notes, files, reports, or other documents, whether created by the State or received from the complainant, accused, or witnesses unless confidentiality is required by a federal or state law.

**NAME OF COMPLAINANT OR PERSON REPORTING EVENT:**

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**EMAIL/TELEPHONE NUMBERS OF COMPLAINANT OR PERSON REPORTING EVENT:**

EMAIL: \_\_\_\_\_

WORK: \_\_\_\_\_

PREFERRED: \_\_\_\_\_

**NAME OF AGENCY AND DIVISION INVOLVED:**

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**NAME OF ACCUSED PERSON(S):**

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**RELATIONSHIP OF ALLEGED ACCUSED PERSON(S) TO YOU (I.E. DIRECT SUPERVISOR, CO-WORKER):**

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**DATE OF FIRST OCCURRENCE OF EVENTS?**

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**DATE OF MOST RECENT OCCURRENCE OF EVENTS?**

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**WHAT IS THE BASIS FOR YOUR COMPLAINT? (I.E. SEXUAL MISCONDUCT, DOMESTIC VIOLENCE, OR DATING VIOLENCE)**

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**EXPLAIN AS CLEARLY AS POSSIBLE WHAT HAPPENED, INCLUDING WHO DID WHAT, WHERE IT OCCURRED, WHO WAS INVOLVED, ETC. PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.**

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**PLEASE LIST BELOW ANY PERSONS (WITNESSES, FELLOW EMPLOYEES, SUPERVISORS, OTHERS) WHO MAY HAVE ADDITIONAL INFORMATION TO SUPPORT OR CLARIFY THIS COMPLAINT. EXPLAIN WHAT INFORMATION EACH CAN PROVIDE.**

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**PLEASE IDENTIFY ANY OTHER INFORMATION (INCLUDING DOCUMENTARY EVIDENCE SUCH AS DIARIES, JOURNALS, RECORDINGS, EMAILS, VOICEMAILS, CORRESPONDENCE, ETC.) THAT YOU THINK IS RELEVANT TO THIS MATTER.**

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**WHAT DO YOU WANT TO HAPPEN AS A RESULT OF THIS COMPLAINT?**

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**IF YOU HAVE TOLD ANYONE ELSE ABOUT THIS MATTER, PLEASE LIST THE NAME(S) AND RELATIONSHIPS (CO-WORKER, FAMILY MEMBER, ETC.)**

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**IF YOU HAVE REPORTED THIS SITUATION TO A LAW ENFORCEMENT AGENCY, OR HAVE FILED ANY OTHER COMPLAINT IN CONNECTION WITH THIS SITUATION, PLEASE LIST THE NAME(S) AND CONTACT INFORMATION FOR THE AGENCY AND/OR OTHER ENTITIES. PLEASE PROVIDE ANY APPLICABLE CLAIM OR CASE NUMBER.**

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**COMPLAINING PARTY**

\_\_\_\_\_  
**Print Name**

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**Signature**

\_\_\_\_\_  
**Date**