

CITY OF SHELBYVILLE
INCORPORATED 1810
AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR
201 N. SPRING STREET
SHELBYVILLE, TN 37160



TEL: (931) 684-2691 FAX: (931) 684-1423
stacey.claxton@shelbyvilletn.org

TITLE VI COMPLAINT FORM

1. Complainant's Contact Information

Name of Complainant: _____

Last

MI

First

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

Preferred Method(s) of Communication: (Check all that apply)

Voice Telephone TTY E-mail US MAIL & Other: _____

2. What is/are the basis(es) on which you believe these alleged discriminatory actions were taken?

Race

Color

National Origin

Other – Please Explain _____

3. What is/are the date(s) of alleged discrimination? _____

4. Name of agency, department or program that you believe discriminated against you:

Agency or Department:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

5. **In your Own words, describe the alleged discrimination.** Be specific and give date(s), time(s) and location(s). Explain what happened and who you believe was responsible. (Use the reverse side of this sheet or attached pages, if needed.)

6. **List names and contact information of persons who may have knowledge of the alleged discrimination.** List the names of (or describe) all persons involved in your complaint. Indicate the job title and City Agency, department or division of City employees, if possible.

7. **Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply:**

Federal Agency

Federal Court

State Agency

State Court

Local Agency

If so, provide information about a contact person at the agency/court where the complaint was filed:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that may be relevant to your claim.

CERTIFICATION: I hereby certify that the information and statements above are true.

Print Name: _____

Signature: _____ Date: _____

If person needing accommodation is not the individual completing this form, please provide

Representative's Name: _____

Address: _____ Telephone Number: _____

For more information or assistance in completing the form, please contact the
Title VI Coordinator via (direct line) (931) 684-2691 or stacey.claxton@shelbyvilletn.org

Submit complaint form and any additional information to:

City of Shelbyville
Title VI Program Director
201 N. Spring Street
Shelbyville, TN 37160
Phone: 931-684-2691

*A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act.

*If this allegation is in regards to Employment Discrimination, please contact the Tennessee Human Rights Commission or the Equal Employment Opportunity Commission.