



EAST TENNESSEE HUMAN RESOURCE AGENCY, INC.

Discrimination Form

Note: The following information is requested to help in processing your complaint.

If you need help in completing this form please request assistance.

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Person discriminated against (if someone other than the complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Which department of this agency do you believe discriminated against you?

Name of department: \_\_\_\_\_

Which of the following best describes the reason you believe the discrimination took place?

Race \_\_\_\_ Color \_\_\_\_ National Origin \_\_\_\_ Limited English Proficiency \_\_\_\_ ADA \_\_\_\_ Other \_\_\_\_\_

In the space below please describe the alleged discrimination. Explain what happened, who you believe was responsible and the date of the alleged discrimination. Attach additional sheet(s) if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign below. You may attach any additional information you think is relevant to your complaint.

**Note: All complainants have the right to representation by an attorney or any other individual.**

**Si se necesita información en otro idioma, por favor llame al (865) 691-2551.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date