



East Tennessee Human Resource Agency, Inc.

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EAST TENNESSEE HUMAN RESOURCE AGENCY, INC.
Title VI/ Equal Opportunity Complaint 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 _____ 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 of Complainant

Date

Area Agency on Aging & Disability Workforce Development Mountain Valley Community Services Transportation
Family Assistance AIDS Support Housing & Restoration Corrections & Probation Aging Services Child Development