

**CLARKSVILLE MONTGOMERY COUNTY
REGIONAL PLANNING COMMISSION
(CMCRPC)**

329 MAIN STREET
CLARKSVILLE, TN 37040
PHONE: (931)645-7448

CLARKSVILLE MONTGOMERY COUNTY RPC - TITLE VI COMPLAINT FORM:

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
E-mail Address:				
Accessible Format	Large Print		Audio Tape	
Requirements?	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			YES*	NO
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining.				
Section III.				
I believe the discrimination I experienced was based on (check all that apply):				
[] Race [] Color [] National Origin [] Sex				
Date of Alleged Discrimination (Month, Day, Year): _____				
Please include the earliest date of discrimination and the most recent date of discrimination.				

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status was a factor in the discrimination. (Attach additional pages if necessary)				

Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				

The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against separate from the discrimination alleged above, please explain the circumstances. Tell what action you took which you believe was the cause for the alleged retaliation. (Attach additional pages if necessary)

Name of individuals, agency, or department responsible for the discriminatory action(s):

	NAME:	ADDRESS:	PHONE:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Names of persons/witnesses or others whom we may contact for additional information to support or clarify your complaint. (Attach additional pages if necessary)

	NAME:	ADDRESS:	PHONE:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation. (Attach additional pages if necessary)

Photographs submitted with complaint? Yes No

Section IV:

Have you previously filed a Title VI complaint with this agency?	YES	NO
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Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____ Federal Court _____

State Agency: _____ State Court _____

Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:
Telephone:
Section V:
Do you have an attorney regarding this matter? [] yes [] no If yes, please provide attorney's contact information.
Name of Law Firm:
Name of Representing Attorney:
Mailing Address:
Telephone number:
Briefly explain what remedy or action you are seeking for the alleged discrimination:

You may attach any written materials or other information that you think is relevant to your complaint.

We cannot accept an unsigned complaint. Please sign and date the complaint form below:

Signature

Date

Please submit this form in person at the address below or mail this form to:
CMCRPC Title VI Coordinator
329 Main Street
Clarksville, TN 37040