



ADA and Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Title II of the Americans with Disabilities Act of 1990 states, in part, "no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination" in programs or activities sponsored by a public entity.

All complaints must be in writing and signed by the complainant or his/her representative before action can be taken. Complaints shall state, as fully as possible, the facts and circumstances surrounding the alleged discrimination. Complaints of discrimination must be filed with South Central Tennessee Development District (SCTDD) within 180 days of the alleged discriminatory act. SCTDD will provide a written acknowledgment that SCTDD has received the complaint within ten working days.

The completed form should be sent to: SCTDD
Re: Title VI
101 Sam Watkins Blvd.
Mt. Pleasant, TN 38474

Complainant Contact Information (Person discriminated against)

NAME

DAY PHONE

MAILING ADDRESS

EVENING PHONE

CITY

STATE

ZIP CODE

E - MAIL

Person Discriminated Against (If Other Than Complainant)

NAME

DAY PHONE

MAILING ADDRESS

EVENING PHONE

CITY

STATE

ZIP CODE

E - MAIL

(Continued On Reverse)

Witnesses? Please provide their contact information.

Witness 1	NAME	<input type="text"/>			DAY PHONE	<input type="text"/>	
	MAILING ADDRESS	<input type="text"/>				EVENING PHONE	<input type="text"/>
	CITY	STATE	ZIP CODE	E - MAIL			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Witness 2	NAME	<input type="text"/>			DAY PHONE	<input type="text"/>	
	MAILING ADDRESS	<input type="text"/>				EVENING PHONE	<input type="text"/>
	CITY	STATE	ZIP CODE	E - MAIL			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Did you file this complaint with another federal, state, or local agency or court? Yes No

If answer is yes, check agency complaint was filed with and provide agency contact information:

Federal Agency Federal Court State Agency State Court Local Agency

Other _____ Date Filed: _____

AGENCY NAME	<input type="text"/>			CONTACT PERSON	<input type="text"/>	
AGENCY MAILING ADDRESS	<input type="text"/>				PHONE	<input type="text"/>
CITY	STATE	ZIP CODE	E - MAIL			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Sign the complaint in space below. Attach any documents you believe supports your complaint.

X _____
Complainant's Signature

Signature Date