

# FiftyForward Title VI of the Civil Rights Act Discrimination Complaint Form

Federal law prohibits discrimination against persons based on their race, color or national origin. You have the right to file a complaint with FiftyForward if you feel that you have been discriminated against for these reasons. Please complete the following information so we can investigate your complaint. If you need assistance in completing the form, please let us know.

1. What is the name of the person discriminated against?

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

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

City, State, Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Other): \_\_\_\_\_

2. What is the name and address of the FiftyForward program or person that you believe discriminated against you?

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

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

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Please circle the reason you believe you were discriminated against:

Race

Color

National Origin

4. When do you believe the discrimination took place?

5. In your own words, explain what happened and who you believe was responsible. Please be as specific as possible. You may attach additional pages if needed.

6. Have you tried to resolve this complaint with the FiftyForward program or person?

Yes

No

If yes, what is the status of the complaint?

7. Are you filing this complaint for someone else?

Yes

No

If yes, against whom do you believe the discrimination was directed:

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

8. Have you filed this complaint with any other federal, state or local agency, or with any federal or state court?

Yes

No

If yes, circle all that apply:

Federal agency

Federal court

State agency

State Court

Local agency

9. What is the name of the contact person at the agency/court where the complaint was filed?

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

Agency/Court Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

10. Please sign below. You may attach any written materials or other information that you think can be helpful to us as we look into your complaint.

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Complainant's Signature

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Date

Mail this form to:

FiftyForward  
Tammy Deason, Human Resources Director  
and Title VI Coordinator  
174 Rains Avenue  
Nashville, TN 37203  
Phone (615) 743-3408  
Email: [tdeason@fiftyforward.org](mailto:tdeason@fiftyforward.org)

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Filing a complaint is voluntary. However, without the information requested above, we may be unable to proceed with your complaint. We collect this information under the authority of Title VI of the Civil Rights Act of 1964, and other civil rights statutes. We will use the information you provide to determine how to process your complaint. Information submitted on this form is treated confidentially and is protected under provisions of the Privacy Act of 1974. Names or other identifying information about individuals is disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside of FiftyForward for purposes associated with the civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You may also email or write a letter and send it to the address above.