

City of Portland, Tennessee

Discrimination Complaint Form - Title VI and ADA

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Email Address:		
I believe the discrimination I experienced was based on (check one): <input type="checkbox"/> Title VI <input type="checkbox"/> ADA		
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III:		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. List names and contact information for all those involved, including witnesses.		
Section IV:		
Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide any reference information regarding your previous complaint.		

Section V:

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 VI:

Name of agency complaint is against: _____

Name of person complaint is against: _____

Title: _____

Location: _____

Telephone Number (if available): _____

You may attach any written materials or other information that you think is relevant to your complaint by adding those to the Coordinator's email. Your signature and date are **required** below:

Signature

Date

This form can be submitted online, in person at the address below, or via email below:

City of Portland, TN

100 South Russell St. Portland, Tennessee 37148

City Hall: 615-325-6776 www.cityofportlandtn.gov

Email TITLE VI Coordinator: TitleVIcoordinator@cityofportlandtn.gov

Email ADA Coordinator: ADAcordinator@cityofportlandtn.gov

A blank complaint form can be found online at:

<https://www.cityofportlandtn.gov/447/ADA-Title-VI-Compliance-Form>