First Tennessee Human Resource Agency
Title VI/ADA Complaint Form

It is the policy of the First Tennessee Human Resource Agency to ensure compliance with Title VI of the Civil Rights Act of 1964; 49 CFR, Part 21; related statutes and regulations that ensure no person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal or state financial assistance from the Tennessee or US Departments of Transportation.

It is the policy of the First Tennessee Human Resource Agency to prohibit discrimination against any qualified individual on the basis of disability in regards to the admission or access to, or treatment in, its programs, services or activities or accessibility to facilities within its ownership or control. The Agency shall comply with applicable requirements of Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, Title 28 of the code of Federal Regulations Part 35, "Non-discrimination on the Basis of Disability in State and Local Government Services." as well as any other applicable law pertaining to disability non-discrimination. It is the policy of this agency to operate each service, program, or activity so that the service, program, or activity when viewed in its entirety, is readily accessible to and usable by qualified individuals with disabilities. Furthermore, it is the policy of the Agency that no qualified individual with a disability, because facilities are inaccessible to or unusable by individuals with disabilities, be excluded from participation in, or be denied the benefits of the services, programs, or activities of the Agency or be subjected to discrimination.

The following information is needed in order to process your complaint:

YOUR INFORMATION:

First Name: _____ Last Name: _____

Telephone Number (best number to call): _____

Email Address: _____

INFORMATION ABOUT THE PERSON YOU BELIEVE DISCRIMINATED AGAINST YOU (PROVIDE ALL AVAILABLE INFORMATION)

First Name: _____ Last Name: _____

Telephone Number (best number to call): _____

Email Address: _____

INFORMATION ABOUT THE ALLEGED DISCRIMINATION

What is/are the basis(es) on which you believe these alleged discriminatory actions were taken: ___Race ___Color ___National Origin ___Disability ___Other, explain _____

Date(s) of Incident: _____

Type of Grievance (check all that apply):

___Accommodation Request ___Program/Service ___Facility Accessibility

___Other, e*xplain in detail* _____

A brief discription of what happened: (Please include how, why, and when you believe your rights or someone else's rights were violated in the space below. Add additional sheets of paper for space.)

The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that may be relevant to your claim.

Signature: _____ **Date:** _____

Submit complaint form and any additional information to: FTHRA Title VI/ADA Coordinator, 704 Rolling Hills Drive Johnson City, TN 37604 Phone: 423-979-6988 Fax:423-461-8228 Email: fthra@fthra.org

*A formal complaint must be filed within 180 days of the alleged discriminatory act or occurance.

* Title VI complaints may also be filed with the Tennessee Department of Transportation Civil Rights Division, Attention: Title VI Program Director and/or Federal Transit Administration Office of Civil Rights, Attention: Compliant Team.