

TITLE VI DISCRIMINATION COMPLAINT FORM

Please print out this form, fill it out and mail it to: Allies for Substance Abuse Prevention of Anderson County, Inc., 101 S. Main Street, Suite 465, Clinton, TN 37716

Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone: _____

Discrimination because of: ___ Race ___ Color ___ National Origin ___ Sex ___ Age
___ Disability ___ Other

Please provide the date(s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you including their titles (if known).

Please provide the names, addresses and telephone numbers of any witnesses.

Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against and who was involved. Please include how other persons were treated differently from you.

Signature/Date: _____

You may use additional sheets of paper if necessary. Also include any written materials pertaining to your complaint.

Contact: Stephanie Strutner, Executive Director asapofanderson@gmail.com (865) 457-3007
Allies for Substance Abuse Prevention of Anderson County, Inc.
101 S. Main Street, Suite 465
Clinton, TN 37716