

1.	Complainant's Name:  Address: City, State and Zip Code:				
	Telephone Number(s):	(Home)	(Business)		
2.	Person discriminated against (if someone other than the complainant)				
	Name:				
	Address:				
	City, State and Zip Code:				
3.	What is the name and location of the institution, office or agency that you believe practiced discrimination?				
	Name:				
	Address:				
	City, State and Zip Code:				
	Telephone Number:				
	Names of person(s) you believe discriminated:				
1	Which of the following best describes the reason you believe the discrimination took place? Was it				
	because of your:				
	a. Race/Color/National Origin (specify):				
	b. Gender (specify):				
	c. Other types of discrim	nination (specify):			
	<b>&gt;,</b>	, p == 7//			
5.	What date did the allege	d discrimination tak	e place?		



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Youth Development Center Personnel Office (as applicable)

CS-0636

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6.	In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. (Attach additional pages if necessary.)				
7.	Have you tried to resolve this complaint through the employee grievance procedure at the institution, office or agency? (For DCS employees only)  Yes  No				
If yes, what is the status of the grievance?					
Name and title of the person who is handling the grievance procedure:					
	Name:				
	Title:				
8.	Have you filed this complaint with any other Federal, State or local agency; or with any Federal or				
Ο.	State Court? Yes No				
	If yes, check all that apply:				
	Federal Agency				
	Federal Court				
	State Agency				
	State Court				
	Local Agency				



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CS-0636 Rev: 1/17





	Please provide information about a contact person at the agency/court where the complaint was filed.
	Name:
	Address:
	City, State and Zip Code:
	Telephone Number:
9.	Do you intend to file this complaint with another agency? Yes No
	If yes, when and where do you plan to file the complaint?
	Date:
	Agency:
	Address:
	City, State and Zip Code:
	Telephone Number:
10.	Has this complaint been filed with this agency before? Yes No
10.	•
	If yes, when? Date:
11.	Signature of Complainant:



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~This section is to be completed by the Department of Children's Services~

Complaint received by:	Date:	
Referred to:	Date:	
	ignature of Title VI/IX Coordinator	

A response from the investigation will be received by the Title VI/IX Coordinator within forty-five (45) days from the above referral date, which will be



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Original: Office of Diversity Initiatives Copies: Complainant Child/Youth's Case File Youth Development Center Personnel Office (as applicable) CS-0636 Page 4 kidcentral tn



## INSTRUCTIONS FOR USE OF FORM

- Note: Please provide the following information in order to assist the Office of Civil Rights in processing Α. complaint.
- В. If additional help is needed in completing this form, contact the Title VI/IX Compliance Coordinator at 615-532-5552.

This form should be completed in any case where an alleged Title VI/IX violation has occurred. A complaint can also be made by submitting a letter. If a letter format is used, please describe the situation and provide contact information. If a juvenile justice youth is filing a complaint and needs assistance, an appropriate YDC supervisory staff member should help the youth complete the form. In all cases, anytime a possible or alleged Title VI/IX violation is suspected or reported, staff must forward the information to:

> Office of Civil Rights **Department of Children's Services** 12<sup>th</sup> Floor UBS Tower 315 Deaderick Street Nashville, TN 37243



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CS-0636 Rev: 1/17