

**CUMBERLAND COUNTY  
TITLE VI COMPLAINT FORM**

\*This form may be used to file a complaint with Cumberland County based on an alleged violation of Title VI of the Civil Rights Act of 1964. You are not required to use this form; a letter that provides the same information will also be sufficient to file your complaint. Complaint must be filed within 180 calendar days of the alleged discrimination.

Name:

Mailing Address:

City:

State:

ZIP:

Home/cell Phone:

Work Phone:

Fax:

Please explain your relationship to the individual(s) indicated above:

**INFORMATION OF AGENCY COMPLAINT IS AGAINST**

Agency or Department Name:

Name of individual if known:

Address:

City/State/Zip:

Telephone Number:

**INFORMATION REGARDING ALLEGED DISCRIMINATION**

Date Discrimination Began:

Last or most recent date of discrimination:

Alleged Discrimination: If your complaint is in regards to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the agency or department indicated above, please indicate below the basis on which you believe these actions were taken.

I believe the discrimination occurred because of my:

Race/Color

Sex

Age

National Origin

Religion

Disability

Other (please specify)

**EXPLANATION OF ALLEGED DISCRIMINATION**

Please explain as clearly as possible what happened; provide the name(s) of witnesses and others involved in the alleged discrimination. Please attach additional sheet(s) if necessary and provide a copy of any written materials relevant to this case :

**SIGNATURES**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return form to:  
Cumberland County Mayor's Office  
Brooke T Shaffer, Title VI Coordinator  
2 North Main Street, Suite 203- ATTN HR  
Crossville, TN 38555  
[bshaffer@cumberlandcountyttn.gov](mailto:bshaffer@cumberlandcountyttn.gov)**