



# Metropolitan Government of Nashville Davidson County

METRO HUMAN RELATIONS COMMISSION

Parkway Tower 404 James Robertson Parkway, Suite 130 Nashville, TN 37219 Phone: (615) 880-3372 or (615) 880-3370 Fax: (615) 880-3373 www.nashville.gov/humanrelations

FILING A DISCRIMINATION COMPLAINT

The Metro Human Relations Commission is empowered by statute to investigate allegations of discrimination in housing, employment, Title VI and places of public accommodations. If you believe you have been discriminated against because of your race, color, gender, disability, national origin, religion, creed, familial status or age (40 and over) then you may file a complaint of discrimination. If the complaint is jurisdictional, the MHRC will investigate the matter. Complaints of discrimination must be filed with the Commission within 180 days of the alleged discriminatory act.

Please fill out this form completely to avoid any delay that could occur in the investigation of your charge. Please make certain that you following the guidelines below, which will assist the MHRC in serving you.

Print clearly Answer all questions that apply to your circumstance Sign and date the complaint form Submit the original to the Metro Human Relations Commission Keep a copy of the form for your own records Contact the Commission if there is any change in your contact information

## **Title VI Notice**

Title VI of the Civil Rights Act of 1964 (42 United States Code § 2000d) and Tennessee Code Annotated § 4- 21-904 provide that any entity receiving Federal financial assistance may not discriminate against their program beneficiaries or participants based on their race, color, or national origin. The Metro Human Relations Commission does not discriminate against any person based on race, color, national origin, gender, religion, disability, age, creed, familial status, or on any other basis legally prohibited by or protected by Federal or State law. Parties who wish to file a complaint against the Metro Human Relations Commission for violation of Title VI of the Civil Rights Act of 1964 under 42 U.S.C. § 2000d or under T.C.A. § 4-21-904 should direct such complaints to either the Metro Human Relations Commission, the Tennessee Human Rights Commission, the United States Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity, or the United States Equal Employment Opportunity Commission.

| DISCRIMINATION COMPLAINT<br>(DEPARTMENT USE ONLY)  |                              |   |   |                      |  |  |  |  |
|--|------------------------------|---|---|----------------------|--|--|--|--|
| MHRC #   | THRC #                       | HUD#  | EEOC#                                     |                      |  |  |  |  |
| METRO<br>HUMAN<br>RELATIONS<br>COMMISSION  | Metropolitan Governn         | nent of Nashville Davi                        | One City<br>for All<br>dson County People | ,                    |  |  |  |  |
| METRO HUMAN RELATIONS COMMISSION<br>Parkway Tower<br>404 James Robertson Parkway, Suite 130<br>Nashville, TN 37219<br>Phone: (615) 880-3372 or (615) 880-3370 Fax: (615) 880-3373<br>www.nashville.gov/humanrelations<br>1. TYPE OF COMPLAINT. Check which type of complaint you are filing: |                              |   |   |                      |  |  |  |  |
|  |                              | PUBLIC ACCOMMOD                               |   | : VI                 |  |  |  |  |
| 2. COMPLAINANT CO  | ONTACT INFORMATION. Pro      | ovide your name and addr                      | ess.                                      |                      |  |  |  |  |
| NAME:  |                              | Address                                       |   |                      |  |  |  |  |
| TELEPHONE ( )  | Cell ( )                     | Арт No.                                       | Сітү                                      |                      |  |  |  |  |
| E-MAIL:  | DATE OF BIRTH                | COUNTY  | State                                     | Zip                  |  |  |  |  |
| Provide the contact inf<br>NAME<br>TELEPHONE ( )   | CELL ()                      | can assist us in contacting<br>Address<br>Слү | ) you should we have difficu<br>State     | Ity in reaching you. |  |  |  |  |
| <b>3. RESPONDENT CO</b><br>Provide the name of the believe discriminated a   | ne entity (employer / housir | ng provider/ business/age                     | ncy) and address that you                 |                      |  |  |  |  |
| ΕΝΤΙΤΥ   |                              | Address                                       |   |                      |  |  |  |  |
| TYPE OF BUSINESS   |                              | Сітү  | State                                     | ZIP                  |  |  |  |  |
| (For Employment ONLY) NAME   | OF IMMEDIATE SUPERVISOR      | TELEPHONE (                                   | ) Co                                      | UNTY                 |  |  |  |  |
| Most recent date of th   | SCRIMINATORY ACT(s) OC       |   |   |                      |  |  |  |  |
| Is the alleged discrimi  | natory act ongoing? YES      | No  |   |                      |  |  |  |  |

| IN YOUR OWN WOF        | RDS, TELL US WHAT H     | APPENED. Give dates, | , when applicable. Also, | describe how others were |
|------------------------|-------------------------|----------------------|--------------------------|--------------------------|
| treated differently th | nan you. Use additional | paper if needed.     |                          |                          |

#### **IMPORTANT NOTICE:**

### To file in state court: For Employment, Housing and Public Accommodation Complaints:

You, as the Complainant, have the right to hire an attorney and file a civil lawsuit in the state court system, either Chancery or Circuit, at any time during the investigation of this complaint. If you choose this option, you must file suit within one (1) year after the alleged discriminatory practice ceases, and prior to any determination being made by the Metro Human Relations Commission (MHRC). Unlike federal law, state law does not toll the statute of limitations on your claim while your charge is being investigated and/or mediated by this agency. You are not required to file a complaint with the MHRC, nor do you need the MHRC's permission before you can file suit in Chancery or Circuit court. If you file a civil lawsuit in Chancery or Circuit court, then pursuant to state law, MHRC must administratively close its investigation of your complaint.

### For Housing Complaints only:

If a federal law is involved, this agency will send the Department of Housing and Urban Development (HUD) a copy of our Notice of Determination. HUD will then mail the parties a Notice of Closure of this case. Notwithstanding the determination by HUD, the Fair Housing Act provides that the complainant may file a civil action in an appropriate court within two (2) years after the occurrence or termination of the alleged discriminatory housing practice. The computation of this two-year period does not include the time during which this administrative proceeding was pending.

### For Employment Complaints only:

If a federal law is involved, this agency will send the Equal Employment Opportunity Commission (EEOC) a copy of our Notice of Determination. The EEOC will then mail the parties a Notice of Closure of this case and/or a Right to Sue in federal court. A lawsuit must be filed in an appropriate court within ninety (90) days of receipt of the EEOC Notice of Closure/Right to Sue.

### For Title VI Complaints only:

An individual has the right to file an administrative complaint against any state department or agency (recipient), or sub recipient receiving Federal financial assistance.

By signing this complaint form, you are acknowledging that you have read and understand your rights as set forth above.

**Declaration:** I declare under penalty of perjury that the foregoing information in my complaint is true and correct.

**Complainant Signature** 

Date

DATE RECEIVED:

**WITNESSES.** Please list any individuals that may have information that supports or clarifies your complaint. Include as much contact information as possible. *This list will not be provided to the Respondent(s) named in your complaint.* 

| 1. Name                                    |              |                              |           |                   |
|--|--------------|------------------------------|-----------|-------------------|
| First                                      |              | Last                         |           |                   |
| Address                                    | Apt #        |                              |           |                   |
| <u>Address</u>                             | <u> </u>     | City                         | State     | Zip               |
|  |              |                              |           |                   |
| Phone Number ()                            |              |                              |           |                   |
|  |              |                              |           |                   |
|  |              |                              |           |                   |
| 2. Name                                    |              |                              |           |                   |
| First                                      |              | Last                         |           |                   |
| Address                                    | Apt #        |                              |           |                   |
| Addiess                                    |              | City                         | State     | Zip               |
|  |              |                              |           |                   |
| Phone Number ()                            |              |                              |           |                   |
|  |              |                              |           |                   |
|  |              |                              |           |                   |
| 3. Name                                    |              |                              |           |                   |
| First                                      |              | Last                         |           |                   |
| Address                                    | Apt #        |                              |           |                   |
| Address                                    | <u> </u>     | City                         | State     | – Zi <del>p</del> |
|  |              |                              |           |                   |
| Phone Number ()                            |              |                              |           |                   |
|  |              |                              |           |                   |
|  |              |                              |           |                   |
| 4. Name                                    |              |                              |           |                   |
| First                                      |              | Last                         |           |                   |
|  |              |                              |           |                   |
| Address                                    | Apt #        | City                         | State     | – Zi <del>p</del> |
|  |              | ony                          | Olale     | 219               |
| Phone Number ( )                           |              |                              |           |                   |
|  |              |                              |           |                   |
|  |              |                              |           |                   |
| 5. Name                                    |              |                              |           |                   |
| First                                      |              | Last                         |           |                   |
|  |              |                              |           |                   |
| Address                                    | Apt #        | City                         | State     | 7:-               |
|  |              | City                         | State     | – Zi <del>p</del> |
| Phone Number ()                            |              |                              |           |                   |
|  |              |                              |           |                   |
|  |              |                              |           |                   |
| 6. Name                                    |              |                              |           |                   |
| - First                                    |              | Last                         |           |                   |
|  |              |                              |           |                   |
| Address                                    | Apt #        | City                         | 01.1      |                   |
|  |              | City                         | State     | _ ∠ıp             |
| Phone Number ()                            |              |                              |           |                   |
|  |              |                              |           |                   |
|  |              |                              |           |                   |
| OPTIONAL: For statistical and information  | iai purposes | only. Please select all that |           |                   |
| apply. What is your race/ethnicity?        |              |                              |           |                   |
| ASIAN AMERICAN INDIAN OR A                 | ALASKA NATI  | VE BLACK PACIFIC             | SLANDER V | Vhite             |
|  |              |                              |           |                   |
| Are you of Llies and Latin and Occur 1     | vision O V   |                              |           |                   |
| Are you of Hispanic, Latino, or Spanish or |              |                              |           |                   |
| If yes, please specify (I.E., MEXICAN, PU  | ERTO RICAN   | , ETC.):                     |           |                   |
|  |              |                              |           |                   |
| OTHER ORIGIN, SPECIFY:                     |              |                              |           |                   |
|  |              |                              |           |                   |
|  |              |                              |           |                   |
|  |              |                              |           |                   |
| How did you learn about the Metro Hun      |              | s Commission?                |           |                   |
| Radio Newspaper                            | Fri          | end Other, specify           |           |                   |
|  |              | · · · · -                    |           | 5                 |