



***Knoxville-Knox County Planning
Knoxville Regional Transportation Planning Organization
Civil Rights Complaint Form***

I: Complainant Information

PLEASE TYPE OR PRINT CLEARLY

Date

Name

Address

City

State

Zip

Telephone Numbers – Home

Work

E-Mail

Accessible Format Needs: Large Print Audio Tape TDD

Other, Describe

If the Aggrieved Party is someone other than the Complainant, please provide:

Name of the Aggrieved Party:

Relationship of Complainant to the Aggrieved Party:

Explanation why Complainant is filing for the Aggrieved Party:

II: Name and contact person of the Agency or Department you believe discriminated against the Aggrieved Party

Agency or Department

Name of Contact Person

Title

Telephone Number

TPO Civil Rights Complaint Form Continued.

If known, the name(s) of any person(s) at the Agency or Department you believe discriminated against the Aggrieved Party that may be familiar with facts regarding this complaint

Names

III: Date of alleged discrimination

Date

IV: I believe the discrimination I experienced or experienced by the Aggrieved Party was based on...

Check all that apply

Race Color National Origin Other: (Explain)

V: Have you or the Aggrieved Party filed this complaint with any other federal, state or local agencies, or with any federal or state court?

Check all that apply

Federal Agency State Agency Local Agency Federal Court State Court None

If you or the Aggrieved Party have filed this Complaint elsewhere, provide information about a contact person at the agency/board where the complaint was filed.

Agency/Court

Name of Contact Person

Title

Address

City State Zip

Telephone Number

VI: Please describe the complaint in the space below.

Include specific details such as names, dates, times, locations, route numbers (if a transit complaint), witnesses, and any other information that would assist us in our investigation of the allegations. Use additional sheets of paper if needed.

VII: Has the Aggrieved Party previously filed a Title VI Complaint not related to this alleged discrimination?

Yes No

If yes, with what Agency/Court was Complaint filed?

Provide date of previous Complaints

Note: We cannot accept this form and the attachments without your signature. By signing this document, you are certifying that all information to the best of your knowledge is correct and accurate. The Complainant certifies and confirms that Complainant has permission of the Aggrieved Party to file this Complaint on their behalf.

Signature

Date

Printed Name

Provide any other documentation that is relevant to this complaint, and submit this form and all attachments to the address below:

Knoxville-Knox County Planning
Attention: Knoxville Regional Transportation Planning Organization
400 Main Street, Suite 403
(865) 215-2500