



629 Gallaher Road
 Kingston, TN 37763
 (865) 376-3416
 www.michaeldunncenter.org

"Empowering individuals living with disabilities and challenges to gain independence."

Title VI Unfair Treatment Complaint Form

Federal laws state that recipients of Federal financial assistance, including state departments and the entities in which state departments distribute financial assistance should not discriminate on the grounds of race, color, national origin, sex, age, beliefs or disability.

If you feel you have been treated unfairly for any of these reasons, you have the right to file a formal complaint. Complete the following information so that your complaint may be processed:

1. Are you filing this complaint for yourself? Yes No

If no, tell us your name & relationship: _____

Give us a phone number where we can reach you: (____) _____

2. What is the name of the person you feel was treated unfairly?

Name of Person You Feel Was Treated Unfairly

Date of Birth

_____ / _____ / _____ Last	_____ / _____ / _____ First	_____ / _____ / _____ Middle Initial	____ - ____ - ____ Month / Day / Year
Full Mailing Address _____ _____ Street Number and P.O. Box, etc.			Name, Rural Route, Apartment Number, Lot Number,
City:	State:	Zip:	Daytime Phone () Evening Phone ()

3. Who do you think treated this person unfairly?

Name

Address

City, State, and Zip Code

Phone Number (_____) - or - (_____).

4. Check the box or boxes that you think were the reason for the unfair treatment:

Race Color Birthplace Language Spoken Sex Religion
Beliefs Age Disability

What date/s did the unfair treatment take place?

Do you think it has happened at other times? Yes No If yes, how many other times? _____

Have you complained about this problem before and tried to have it stopped? Yes No

If yes, who have you talked to about it? Name/s: _____

When did you talk to them about it? (dates) _____

Have you filed this complaint with another federal, state, or local agency? Yes No

Have you filed this complaint with any federal or state court? Yes No

If yes, check all that apply. Federal agency Federal court
State agency State court Local agency

If yes, tell us the name of the contact person at the agency/court where you filed the complaint:

Name:

Agency/Court Name:

Address:

City, State, and Zip Code:

Phone Number: (____)_____

5. In your own words, write-out what happened, and how this treatment was different from others (You can attach more pages if you need them and remember to number them).

Please sign below and attach any other information that you think may be helpful.
 Sign here: X _____ Date: _____

If you filled out this page for someone else, sign here: X _____
 Print your name: _____ Date: _____

If you have questions, please call MICHAEL DUNN CENTER at 865-376-3416 for help.

OR

To get help in another language, call one of these numbers:

Language	Toll Free Number		Nashville Number	
Arabic	1-877-652-3046	1-877-652-3069	615-313-9840	615-313-9382
Bosnian	1-877-652-3046		615-313-9840	
Kurdish-Badinani	1-877-652-3046		615-313-9840	
	1-877-652-3054		615-313-9894	
Kurdish-Sorani	1-800-254-7568		615-227-7568	
Somali	1-800-269-4901		615-313-9899	
Spanish				
Vietnamese				

Once this form is completed, please send to:
VICKI HIX, Title VI Coordinator
MICHAEL DUNN CENTER Title VI Coordinator's Address
1324 LAWNVILLE ROAD
KINGSTON, TN 37763

MICHAEL DUNN CENTER does not support unfair treatment based on race, color, language spoken, sex, religion, beliefs, handicap/disability or age.