

**CITY OF SWEETWATER**  
**TITLE VI COMPLAINT FORM**

The following information is needed to process your complaint.

1. What is/are the basis(es) on which you believe these alleged discriminatory actions were taken?

Race

Color

National Origin

Other, explain: \_\_\_\_\_

2. What is/are the date(s) of alleged discrimination? \_\_\_\_\_

3. Complainant's Contact Information:

Name:		
Mailing Address:		
City:	State:	Zip Code:
Home Telephone Number:	Work Telephone Number:	Cell Telephone Number:

4. Name of agency, department, or program that you believe discriminated against you:  
Agency or Department:

Name:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:		

5. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible (add additional sheets of paper for space).

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6. List names and contact information of persons who may have knowledge of the alleged discrimination.

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7. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

- Federal Agency       State Agency       Local Agency  
 Federal Court       State Court

If so, provide information about a contact person at the agency/court where the complaint was filed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:		

**The complaint will not be accepted if it has not been signed.** Please sign and date this complaint form below. You may attach any written materials or other supporting information that may be relevant to your claim.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Date: \_\_\_\_\_

Submit complaint form and any additional information to:

John Cleveland  
City of Sweetwater  
P. O. Box 267  
203 Monroe Street  
Sweetwater, TN 37874  
Phone: (423) 337-6979  
email: [jcleveland@sweetwatertn.gov](mailto:jcleveland@sweetwatertn.gov)

**\* A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act.**

**\* If this allegation is regarding employment discrimination, please contact the Tennessee Human Rights Commission or the Equal Employment Opportunity Commission.**

**\* Title VI complaints may also be filed with the Tennessee Department of Transportation, Tennessee Human Rights Commission, Federal Highway Administration, Federal Transit Authority, Federal Aviation Administration, and the U.S. Department of Justice.**

**TDOT Civil Rights Division  
Title VI Program Director  
505 Deaderick Street, Suite 1800  
Nashville, Tennessee 37243  
Phone: 615.741.3681 Toll Free: 1.888.370.3647  
Fax: 615.741.3169**

**Equal Employment Opportunity Commission  
50 Vantage Way, Suite 202  
Nashville, TN 37228-9940  
Phone: 800.669.4000  
TTY: 800.669.6820**

**TN Human Rights Commission  
William R. Snodgrass BLD/TN Towers, 312  
Rosa Parks AVE, 23<sup>rd</sup> Floor,  
Nashville, TN 37243  
Phone: 800.251.3589**

**US Department of Justice  
Civil Rights Division  
Federal Coordination and Compliance Section  
NWB 950 Pennsylvania AVE, N.W.  
Washington, D.C. 20530  
Phone: 202.514.0716**

**Federal Aviation Administration Office of Civil Rights  
RM 1030, ACR-1  
800 Independence AVE, SW  
Washington, DC 20591  
Phone: 888.954.8688**