

**South Central Human Resource Agency  
Policy and Procedures**

**Content:** Completing Title VI Complaint Form

<b>Subject:</b> Title VI Complaint Form		Effective Date: 7/1/2019	
Reference Number:			
Objective: It is prohibited for SCHRA to deny clients an opportunity to express any complaint regard discrimination based on sex, race, disability, color, age (over 40), religion, national origin, be excluded from participation in, be denied benefit of or be subject to discrimination under any program receiving federal financial assistance. When complaint are not resolved informally the 902.3 form should be given to client for completion and submission.			
	Task	Person Responsible	Time Frame
1	Enter Complainant Contact Information	Complainant	When Completing
2	Enter Basis of the Discriminatory Complaint	Complainant	When Completing
3	Enter Complainant Contact Information	Complainant	When Completing
4	Enter When did the discriminatory Act(s) occur?	Complainant	When Completing
5	Enter Complainant "When did the discriminatory act(s) occur?" section	Complainant	When Completing
6	Enter Contact Information of the person you believe discriminated against you.	Complainant	When Completing
7	Enter Contact Information of the person you believe discriminated against you. (if more than one)	Complainant	When Completing
8	Enter a brief description in "Tell us What Happened"	Complainant	When Completing
9	Sign and Date form	Complainant	When Completing
10	Enter a list of Witnesses as much as possible with contact information	Complainant	When completing
12	Mail or Deliver completed form to SCHRA Scarlet Patterson, Title VI Coordinator P O Box 638 Fayetteville, TN 37334	Complainant	When Completed