



Tennessee Department of Mental Health and Substance Abuse Services

6th Floor, Andrew Jackson Building
500 Deaderick Street
Nashville, TN 37243

Title VI Unfair Treatment Complaint

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 yes, go to question number 2.

If no, tell us your name: _____

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 ____/____/____ Month Day Year
_____ Last	_____ First	_____ Middle Initial	
Full Mailing Address: _____ Street Number and Name, Rural Route, Apartment Number, Lot Number, PO Box, etc.			
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. Give us facts about the unfair treatment.

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 _____ did _____ the _____ unfair _____ treatment _____ take _____ place?

Do you think it has happened 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: _____

When did you talk to them about it? _____

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, tell us what happened. You can attach more pages if you need them.

Please sign below. Attach any other information that you think will be helpful.

Sign here. X _____ Date: _____

If you filled out this page for someone else, sign here. X _____

[Note: if you helped someone file this complaint, you don't have to sign.]

Print your name: _____ Date: _____

Mail these pages to: Att: Director of Civil Rights Compliance
Tennessee Department Mental Health and Substance Abuse Services
6th Floor, Andrew Jackson Building
500 Deaderick Street
Nashville, TN 37243

If you have questions, please call 615-532-6510 for help.

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

Language	Toll Free Number	Nashville Number
Arabic	1-877-652-3046	615-313-9840
Bosnian	1-877-652-3069	615-313-9382
Kurdish-Badinani	1-877-652-3046	615-313-9840
Kurdish-Sorani	1-877-652-3046	615-313-9840
Spanish	1-800-254-7568	615-227-7568

TDMHSAS does not support unfair treatment based on race, color, Language spoken, sex, religion, beliefs, handicap/disability or age.

