



COMPLAINT UNDER CIVIL RIGHTS ACT OF 1964

Date: _____

TO: **ROANE COUNTY GOVERNEMENT**

I, _____, hereby file an official complaint against

Name of Person with Title VI complaint

Name of person or agency

located at: _____

Complainant's Name (please print):

Complainant's Address (please print):

Basis of complaint: _____

(additional numbered pages as necessary)

Date of alleged discrimination: _____

Complainant's Signature: _____

Upon completion, this form should immediately be forwarded to:

Roane County Government
Title VI Coordinator
200 E. Race Street, Suite 1
Kingston, TN 37763