

# Clarksville-Montgomery County School System

## Title VI and Other Discrimination Complaint Form

*This process may be used to file allegations of discrimination on the basis of race or national origin against the Clarksville-Montgomery County Board of Education or any person or program under the jurisdiction of the board. The complaint procedures are designed to provide a systematic, local protocol for the resolution of complainant's and does not supersede the complainant's right to file charges directly with the United States Office of Civil Rights.*

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form please let us know.

1. Complainant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number (Home) \_\_\_\_\_  
(Business) \_\_\_\_\_
2. Person discriminated against (if someone other than that complainant)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_
3. What is the name and location of the institution or agency that you believe discriminated against you?  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_
4. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:  
a. Race/Color \_\_\_\_\_  
b. National Origin \_\_\_\_\_
5. When did the alleged discrimination take place? Date \_\_\_\_\_
6. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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7. Have you tried to resolve this complaint through informal procedures at the institution (school or facility)? Yes\_\_\_\_ No\_\_\_\_  
If yes, what was the result and/or what is the status of the complaint? \_\_\_\_\_

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Name and title of person handling the complaint: \_\_\_\_\_

Date of last contact with this individual: \_\_\_\_\_

8. Have you filed or do you intend to file this complaint with any other federal, state, or local agency; or with any federal or state court?  
Has been filed\_\_\_\_ Will be filed\_\_\_\_ Has not been filed\_\_\_\_

If the complaint has been filed with another agency, with whom has the complaint been filed? \_\_\_\_\_

If you intend to file with another agency, with whom do you intend to file your complaint? \_\_\_\_\_

9. Please provide information about a contact person at the agency/court where the complaint was filed.

Name and title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

10. Has this complaint been filed with this agency (school system) before:  
No\_\_\_\_ Yes\_\_\_\_ Date complaint was filed: \_\_\_\_\_

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11. Have you filed any other complaint(s) with this agency (school system)?  
No\_\_\_\_ Yes\_\_\_\_

If yes, when and against who were they filed? Date(s)\_\_\_\_\_

Name:\_\_\_\_\_

Address:\_\_\_\_\_

City, State and Zip Code:\_\_\_\_\_

Please give a brief description of the complaint(s) previously filed.\_\_\_\_\_

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12. Please sign below. You may attach any written material or other information that you think is relevant to your complaint.

\_\_\_\_\_  
Complainant's signature Date

To be completed if complaint is made verbally and recorded by agency (school system) personnel.

\_\_\_\_\_  
Signature of person receiving complaint Date

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FOR INTERNAL USE ONLY

Complaint received by Title VI Coordinator:\_\_\_\_\_

Notice of complaint sent to person(s) against whom complaint if made:\_\_\_\_\_

\_\_\_\_\_  
Parties notified of date, time and place of hearing:\_\_\_\_\_

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Hearing conducted, if applicable: \_\_\_\_\_

Decision rendered to all parties: \_\_\_\_\_

Appealed filed: \_\_\_\_\_

Decision rendered by Director of Schools: \_\_\_\_\_

NOTES: