

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 _____
 - c. Other _____
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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Address: _____

City, State and Zip Code: _____

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

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. _____

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

FOR INTERNAL USE ONLY

Complaint received by Title VI Coordinator: _____

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

Parties notified of date, time and place of hearing: _____

Hearing conducted, if applicable: _____

Decision rendered to all parties: _____

Appealed filed: _____

Decision rendered by Director of Schools: _____

NOTES: