

Town of Smyrna Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin in programs and activities receiving federal financial assistance.

Section I: Complainant Information

Full Name:	<input type="text"/>
Address:	<input type="text"/>
City, State, ZIP Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address (optional):	<input type="text"/>

Section II: Person Discriminated Against (if different from complainant)

Name:	<input type="text"/>
Relationship to Complainant:	<input type="text"/>
Address:	<input type="text"/>
City, State, ZIP Code:	<input type="text"/>
Phone Number:	<input type="text"/>

Section III: Complaint Details

1. Reason for alleged discrimination (check all that apply): Race Color National Origin

2. Date(s) of alleged discrimination:

3. Location of the incident(s):

4. Description of incident(s):

5. Filed with another agency? Yes No

If yes, agency name and contact info:

Section IV: Resolution Sought

Section V: Signature

Signature: Date:

Submit completed form to:

Jeff Craig, Title VI Coordinator

Town of Smyrna, 315 South Lowry Street, Smyrna, TN 37167

Phone: 615-355-5791 | Email: jeff.craig@townofsmyrna.org

You may also file directly with the Federal Transit Administration at:

FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590