

KNOX COUNTY HUMAN RESOURCES COMPLAINT FORM

If you believe you were discriminated against on the grounds of race, color, sex, sexual orientation, gender identity, religion, national origin, age, disability, genetic information, veteran status, or any other characteristic protected by law, were excluded from participation in, were denied the benefits of, or was subjected to discrimination under any and all programs, services, or activities including all employment practices, please complete this form. Retaliation is strictly prohibited.

Date of Filing: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Work Phone: _____
Home Phone: _____
Email Address: _____
Date of Alleged Incident: _____



Indicate below the person(s) which you wish to file a complaint against:

Name(s): _____
Work Location: _____
Work Phone: _____

Please provide a detailed description of the alleged incidence. If there are any witnesses, please provide their contact information. Attached additional pages as necessary.

Please provide a suggested detailed plan or remedy for this complaint. Attached additional pages as necessary.

Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

Yes No

If so, please provide the following information:

Agency Name: _____

Address: _____

Name of Investigator: _____

Phone Number: _____

Email Address: _____

Date Filed: _____

Status of Complaint: _____

Please attach and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to:

City County Building, Human Resources, Suite 360
400 Main Street
Knoxville, TN 37902

Signature

Date