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:		OFFICIAL ST
City, State, Zip Code:		
Work Phone:		* COMMERCE
Home Phone:		COUNTY
Email Address:		
Date of Alleged Incident:		-

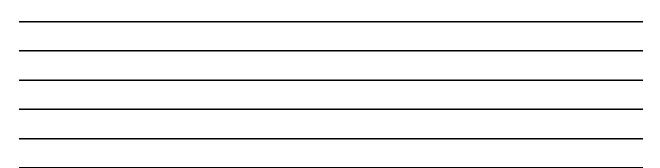
Indicate below the person(s) which you wish to file a complaint against:

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.

nd to file a complaint concerning this incident with any other cal)?
wing information:
e any additional information that might be useful in
submitted to:
ounty Building, Human Resources, Suite 360
400 Main Street
Knoxville, TN 37902

Signature

Date