

## Tennessee Department of Education Office for Civil Rights (TOCR) Discrimination Complaint Form

TOCR will only investigate claims that fall within its jurisdiction. If your complaint includes allegations over which TOCR does not have jurisdiction, TOCR will dismiss your complaint and refer you to the proper investigative agency.

### 1. Complainant Information

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Best time to reach you: ☐ Business Hours (9 a.m.-5 p.m.) ☐ Evening (after 5 p.m.)

### 2. Please indicate whether you are filing this complaint on behalf of the Complainant or a student.

☐ The Complainant ☐ A Student

Name of Student \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_

### 3. What is the Complainant's relationship to the student?

☐ Parent/Guardian

☐ Other (please specify): \_\_\_\_\_

(e.g., foster parent, teacher, advocate)

*If Complainant is not the parent/guardian of the student, please provide the following information:*

Name of Student's Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

*Has permission for the complaint been obtained?*

- ☐ Yes (Please include copy of written permission for complaint from the parent/guardian)  
☐ No

*Please note: In accordance with TOCR's Case Investigation and Resolution Manual, if the Complainant files the Complaint on behalf of a minor, and the Complainant is not the parent or guardian of the minor, the Complainant should seek and receive written permission from the parent or guardian of that minor prior to filing the Complaint so TOCR may speak with the minor regarding the allegations. Copies of written parental permission should be sent to TOCR with the Complaint.*

**4. What is the institution or agency (school district, school, charter school, or organization) you believe acted in a discriminatory manner?**

Name of institution/agency \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Department/School \_\_\_\_\_

**5. Who is/are the specific individual(s) you are alleging behaved in a discriminatory manner? Give as much information as possible. Please add additional pages if necessary.**

**Individual #1**

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Department/School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Is this person your supervisor? ☐ Yes ☐ No

**Individual #2**

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Department/School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Is this person your supervisor? ☐ Yes ☐ No

**Individual #3**

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Department/School \_\_\_\_\_  
 Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Is this person your supervisor? ☐ Yes ☐ No

6. What is the date of the last discriminatory act? \_\_\_\_\_

7. Has the discriminatory conduct occurred more than once?

☐ Yes ☐ No

If yes, what are the other dates of the conduct? Please add additional pages if necessary. \_\_\_\_\_

8. If the last act occurred more than 180 days before the date of this submitted complaint, please explain the delay in the filing of this complaint.

TOCR will only investigate allegations that have been filed within 180 days of the most recent discriminatory act. If the Complaint alleges discrimination of an ongoing or continuous nature, TOCR will include older events in its investigation as long as the most recent event on the ongoing discrimination occurred within 180 days of submitting the Complaint. TOCR may grant waivers of timeliness in select circumstances and when a legitimate excuse for the delay exists. Please see the TOCR Case Investigation and Resolution Manual for more information about exceptions to the timeliness requirement.

9. What is the basis on which you believe the discrimination occurred? Please check the box(es) that indicate(s) your belief of why the discriminatory conduct occurred. Please check all that apply. For example, if you believe the alleged discrimination is based on race please mark race, however if you believe it is based on race and disability, please mark both race and disability.

|                                      |                                     |                                          |
|--------------------------------------|-------------------------------------|------------------------------------------|
| <input type="checkbox"/> Race        | <input type="checkbox"/> Color      | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Sex         | <input type="checkbox"/> Disability | <input type="checkbox"/> Age             |
| <input type="checkbox"/> Retaliation |                                     |                                          |

**10. Please explain what specific event(s) or action(s) occurred that led to your belief that the unlawful discrimination (referenced in Question 9) took place. For example, if you checked the box for national origin in Question 9, please describe the events or actions that occurred that show discrimination based on national origin. If you checked more than one basis in Question 9, please explain what actions or events occurred that show discrimination for each basis checked. Also, please list the name(s) of all individuals who were involved and the date on which each incident occurred. If this complaint is alleging employment discrimination, please be sure to state the race, national origin, color, sex, or disability of the person, who, in your opinion, received an unfair advantage because of the alleged discrimination. Please be as specific as possible and add additional pages as necessary.**

**Continued:**

☐ Yes    ☐ No

If yes, please describe the documents or written information you have.

If TOCR investigates this complaint, you may be asked to provide copies of the items you describe above.

☐ Yes    ☐ No

If yes:

- How and when did you report your allegations to the institution or agency (school district, school, charter school, or organization)?

- What action was taken by the institution or agency (school district, school, charter school, or organization)?

- What is the status of the grievance? \_\_\_\_\_

- Name(s) and title(s) of the person(s) handling the grievance: \_\_\_\_\_

**If, later, you file a grievance through the internal grievance procedures of the institution or agency (school district, school, charter school, or organization), please notify TOCR in writing.** Please note that TOCR may dismiss an allegation, or, if appropriate, the complaint in its entirety, when the same or a similar allegation, based on the same operative facts, has been filed either by the complainant or someone other than the complainant with the institution or agency (school district, school, charter school, or organization). A TOCR complaint may be re-filed within 60 days following termination of a complaint filed with the institution or agency (school district, school, charter school, or organization).

**13. Have you filed a complaint with any other local, state, or federal department or agency based on the allegations you made in this complaint?**

☐ Yes ☐ No

If yes, what is the name of the department or agency with which you have filed the complaint?

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

What is the date the grievance was filed? \_\_\_\_\_

What is the status of the grievance? \_\_\_\_\_

Name and title of the person (s) handling the grievance: \_\_\_\_\_

**If, later, a complaint is filed with another local, state, or federal department or agency please notify TOCR in writing.** Please note that TOCR may dismiss an allegation, or, if appropriate, the complaint in its entirety, when the same or a similar allegation, based on the same operative facts, has been filed either by the complainant or someone other than the complainant against the same institution or agency (school district, school, charter school, or organization) with another local, state, or federal department or agency. A TOCR complaint may be re-filed within 60 days following termination of a complaint filed with another local, state, or federal department or agency.

**14. Have you filed a lawsuit in state or federal court based on the allegations you made in this complaint?**

☐ Yes ☐ No

If yes, what is the status of the lawsuit? If a decision has been made, please attach a copy to this form.

**If, later, a complaint is filed with a state or federal court, please notify this office in writing.** Please note that TOCR may dismiss an allegation, or, if appropriate, the complaint in its entirety, when the same or a similar allegation based on the same operative facts has been filed either by the complainant or someone other than the complainant against the same recipient with a state or federal court. A TOCR complaint may be re-filed within 60 days following termination of the court proceeding if there has been no decision on the merits or settlement of the complaint allegations. Dismissal with prejudice is considered a decision on the merits.

**15. Have you filed any complaints with TOCR before?**

☐ Yes   ☐ No

If yes, when and what was the result?

***My signature below indicates my intent to file a complaint with the Tennessee Department of Education Office for Civil Rights. I understand that any information I provide may be used in the investigation of this complaint. I also understand information about the student may be shared with the institution or agency (school district, school, charter school, or organization) named in the complaint and witnesses.***

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Signature of Complainant & Date