

4. Give us the facts about the unfair treatment.

Check all that you think were the reason for the unfair treatment:

Race Color Birthplace Language Spoken
 Sex Religion Age Disability

What date did the unfair treatment take place? _____

Do you think it has happened other times? Yes No

If Yes, how many other times? _____

Have you complained about this problem before and tried to have it stopped?

Yes No

If Yes, who have you talked to about it?

Name: _____

When did you talk to them about it? _____

Have you filed this complaint with other Federal, State, or local agencies?

Yes No

Have you filed this complaint with any Federal or State Court?

Yes No

If Yes, check all that apply: Federal Agency Federal Court

State Agency State Court

Local Agency

If Yes, tell us the name of the contact person at the agency/court where you filed the complaint.

Name: _____

Agency/Court: _____

Address: _____

City, State, Zip Code: _____

Phone Number: (_____) _____ - _____

5. In your own words, tell us what happened. (You can attach additional pages if you need them)

Please sign your name below. Attach any other information that you think will be helpful.

Sign here. X _____ **Date:** _____

If you filled out this page for someone else, sign below:
(Note: if you helped someone file this complaint, you don't have to sign.)

Sign here. X _____ **Date:** _____

Mail these pages to: **Town of Brighton**
 Attn: Mark Daugherty – Title VI Coordinator
 1270 Old Highway 51 South
 Brighton, TN 38011

If you have questions, please call (901) 476-8661 for help.