



## **Clinchfield Senior Adult Center Title VI/ADA Complaint Form**

*It is the policy of the Clinchfield Senior Adult Center to ensure compliance with Title VI of the Civil Rights Act of 1964; 49 CFR, Part 21; related statutes and regulations that ensure no person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal or state financial assistance from the Tennessee or US Departments of Transportation.*

*It is the policy of the Clinchfield Senior Adult Center to prohibit discrimination against any qualified individual on the basis of disability in regards to the admission or access to, or treatment in, its programs, services or activities or accessibility to facilities within its ownership or control. The Center shall comply with applicable requirements of Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, Title 28 of the code of Federal Regulations Part 35, "Non-discrimination on the Basis of Disability in State and Local Government Services." as well as any other applicable law pertaining to disability non-discrimination. It is the policy of the Center to operate each service, program, or activity so that the service, program, or activity when viewed in its entirety, is readily accessible to and usable by qualified individuals with disabilities. Furthermore, it is the policy of the Center that no qualified individual with a disability, because facilities are inaccessible to or unusable by individuals with disabilities, be excluded from participation in, or be denied the benefits of the services, programs, or activities of the Center or be subjected to discrimination.*

**The following information is needed in order to process your complaint:**

**YOUR INFORMATION:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Telephone Number (best number to call):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**INFORMATION ABOUT THE PERSON YOU BELIEVE DISCRIMINATED AGAINST  
YOU (PROVIDE ALL AVAILABLE INFORMATION)**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Telephone Number (best number to call):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**INFORMATION ABOUT THE ALLEGED DISCRIMINATION**

**What is/are the basis(es) on which you believe these alleged discriminatory actions were taken:** \_\_\_ Race \_\_\_ Color \_\_\_ National Origin \_\_\_ Disability \_\_\_ Other, explain \_\_\_\_\_

**Date(s) of Incident:** \_\_\_\_\_

**Type of Grievance (check all that apply):**

\_\_\_ Accommodation Request      \_\_\_ Program/Service      \_\_\_ Facility Accessibility

\_\_\_ Other, explain in detail \_\_\_\_\_

**A brief discription of what happened: (Please include how, why, and when you believe your rights or someone else’s rights were violated in the space below. Add additional sheets of paper for space.)**

**The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that may be relevant to your claim.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit complaint form and any additional information to:** Clinchfield Senior Adult Center  
Title VI/ADA Coordinator, Cathy Thomas, 220 Union Street, Erwin, TN, 37650  
Phone: 423-743-5111      Email: [clinchfieldseniors@gmail.com](mailto:clinchfieldseniors@gmail.com)

\*A formal complaint must be filed within 180 days of the alleged discriminatory act or occurrence. Final action to all complaints received will take place within 60 days of receipt of the complaint.

**TN Department of Transportation**  
Civil Rights Division  
William R. Snodgrass  
Building TN Towers  
312 Rosa L. Parks  
Avenue 15<sup>th</sup> Floor  
Nashville, TN 37243  
[888.370.3647](tel:888.370.3647)

**TN Human Rights**  
William R. Snodgrass  
Building TN Towers  
312 Rosa L. Parks  
Avenue 23<sup>rd</sup> Floor  
Nashville TN 37243  
[800.251.3589](tel:800.251.3589)

**FHWA Office of Civil Rights**  
1200 New Jersey  
Avenue, S.E.  
8<sup>th</sup> Floor E81-314  
Washington, DC  
20591  
[202.366.0693](tel:202.366.0693)

**FTA Office of Civil Rights**  
Title VI Coordinator  
East Building, 5<sup>th</sup>  
Floor-TCR,  
1200 New Jersey  
Avenue, S.E.  
Washington, DC  
20590  
[888.446.4511](tel:888.446.4511)

