

Information & Instructions for Filing a Discrimination Complaint

Title VI of the Civil Rights Act of 1964 and Tennessee code (TCA § 4-21-904) provide that any entity receiving Federal financial assistance may not discriminate against their program applicants, beneficiaries or participants based on their race, color or national origin. Title VIII of the Civil Rights Act of 1968, or the Fair Housing Act, protects people from discrimination based upon race, color, national origin, religion, sex/gender, disability and familial status when they are renting or buying a home, getting a mortgage, seeking housing assistance, or engaging in other housing-related activities. Further, the Tennessee Human Rights Act provides for fair housing based on race, color, national origin, religion/creed, sex/gender, disability and familial status.

THDA is committed to non-discrimination in its programs and activities based on race, color, national origin, sex/gender, age, religion/creed, disability, familial status and any other basis legally prohibited by or protected by Federal or State law.

Persons who believe they have been discriminated against based upon race, color, national origin, sex/gender, disability, religion/creed or familial status* when applying to or participating in a program or activity administered by THDA may file a discrimination complaint directly with THDA. Complaints must be filed within 180 days of the alleged discriminatory act. The completion of the Discrimination Complaint form will assist THDA with fully investigating the complaint or determining if the complaint needs to be sent to another jurisdictional (State or Federal) agency for investigation.

THDA may refer or work with the Tennessee Attorney General (AG) Civil Rights Enforcement Division to investigate a complaint alleging discrimination covered by Tennessee state law or with the Tennessee Department of Human Resources (DOHR) for complaints alleging discrimination covered by Title VI. THDA also may refer or work with the Department of Housing and Urban Development (HUD) when handling complaints of housing discrimination. A notification of receipt will be sent to all persons filing a complaint with THDA within ten (10) business days of the date a complaint is received. Where THDA conducts the investigation, a written summary of the investigation and any actions taken will be sent to the person filing the complaint within ninety (90) days of the date of the complaint.

Individuals with a disability who require a reasonable accommodation to complete this form or participate in the complaint process may contact Charity Williams, Section 504 Coordinator at (615) 815-2200 or cwilliams@thda.org. For questions about filing a discrimination complaint, please contact Laura Swanson, THDA Title VI Coordinator at (615) 815-2127 or lswanson@thda.org.

Note: THDA does not have jurisdictional authority to investigate discrimination complaints related to Federal or State funded activities where THDA does not directly administer the funds, program or activity. THDA also may not investigate allegations of discrimination in private housing transactions unless the individual is seeking a privately owned housing unit using a THDA administered Housing Choice Voucher. The Tennessee Attorney General is the appropriate State agency and HUD the appropriate Federal agency to investigate most claims of housing discrimination based upon race, color, national origin, sex/gender, disability, religion or familial status. To file a complaint with the AG Civil Rights Enforcement Office, please call (615) 741-5825 or file online at https://www.tn.gov/attorneygeneral/cred.html. Complaints of discrimination must be filed with the AG within 180 days of the alleged discriminatory act. To file a complaint with HUD, please call 1-800-669-9777 or 1-800-877-8339 or file online at https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint. HUD will accept complaints involving housing discrimination within 365 days of the alleged discriminatory act.

^{*}Familial status is the presence of at least one child under 18 years old in a household; including pregnant women and people in the process of adopting or gaining custody of child.



Discrimination Complaint Form

Please provide the following information to assist with THDA's review of your complaint.

1.	During what activity did the alleged discriminatory acts occur (check all that apply)?
	When applying for assistance in a THDA program (please state the program name if known):
	While participating in a THDA program (please state the program name if known):
	When renting a housing unit When seeking to purchase a home or secure a home loan Other circumstance (explain briefly):
2.	Person filing the complaint ("complainant") and contact information:
	Name:
	Address:
	City, State, and Zip Code:
	Phone # (with area code): Email:
	Person experiencing discrimination (if someone other than the person filing the complaint): Check this box & skip this question if the person filing the complaint and the person discriminated against are the same. Name:
	Address:
	City, State, and Zip Code:
	Phone # (with area code): Email:
4.	Please provide as much identifying information as you have on the person, agency, institution or property where the alleged discriminatory act(s) took place:
	Name (of person & or property/institution):
	Address (include city/state/zip):
	Address (include city/state/zip)
	Other identifying information:

6.	Which best describes the reason you believe the discrimination took place? Your:
	Race/Color National Origin (includes language discrimination) Religion or Creed (a set of beliefs that guide someone's actions) Familial status (presence of children or pregnancy) Sex/gender Disability Other:
7.	In your own words, describe the alleged discrimination. Explain what happened and whom you believe is responsible. Include as many details and dates as possible (attach additional pages if needed).
8. /	Are there any witnesses to the discriminatory act that THDA should contact? Yes No If YES, please list the name and phone number of each potential witness:
	Have you filed this complaint with anyone else at THDA? Yes No If YES, how did you file the complaint? Mail E-mail Phone/Verbal Please include the date and name of the THDA staff member previously contacted?
	Have you filed this complaint with any other federal, state or local agency, such as HUD or the TN Human Rights Commission? Yes No If YES, please list the agency name and any other information, such as the date you filed the complaint with the agency:
11. I	Have you sought legal assistance to remedy the alleged discrimination? Yes No If YES, please share the name and contact information for the attorney or institution so that THDA may include them in the investigation process:
Signa	ature: Date:
Lau	ase attach any additional or supporting documentation with this form and submit to: ara Swanson, Title VI Coordinator, lswanson@thda.org and Swanson, lswanson@thda.org and lswanson.org and <