Tennessee Housing Development Agency

DISCRIMINATION COMPLAINT FORM INSTRUCTIONS

Title VI of the Civil Rights Act of 1964 (42 United States Code § 2000d) and Tennessee Code Annotated § 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. Further, the Tennessee Human Rights Act (Tenn. Code Ann. §§ 4-21-601) provides for fair housing based on race, color, creed, religion, sex, handicap, familial status or national origin.

THDA does not discriminate against any person based on race, color, national origin, sex/ gender, religion, disability, age, creed, familial status, or on any other basis legally prohibited by or protected by Federal or State law.

If you feel that you have been discriminated against because of your race, color, national origin, sex/gender, disability, religion/creed, age (40 or over) or familial status* (presence of children or pregnancy) when applying to or participating in a Federally funded program/ activity or when seeking to purchase, finance, or rent a home, then you may file a complaint with THDA. All complaints, written or verbal, will be accepted; however, your completion of this form may assist THDA with investigating the complaint to the fullest extent.

THDA works with the Tennessee Human Rights Commission (THRC) to manage complaints alleging discrimination. THDA also may refer complaints or work with the Department of Housing and Urban Development (HUD) when investigating complaints of housing discrimination.

Complaints of discrimination must be filed with THDA or the THRC within 180 days of the alleged discriminatory act. HUD will accept complaints involving housing discrimination within 365 days of the alleged discriminatory act.

THDA will notify you of the receipt and status of your complaint within ten (10) days of receiving the complaint. Where appropriate, a complaint investigation will be completed. A written response to your complaint will be sent to you within no more than ninety (90) days.

If you need a reasonable accommodation to complete this form or participate in the complaint process, please contact Laura Swanson, Civil Rights Compliance at (615) 815-2127 or lswanson@thda.org.

*Familial status includes people in the process of adopting or gaining custody of a child under age 18.

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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)?
   - ❍ Applying for assistance in a federal program (please state the program name if known): _____
   - ❍ Participation in a federal program (please state the program name if known): _____
   - ❍ When renting a housing unit
   - ❍ When applying for a loan
   - ❍ When purchasing a home
   - ❍ Other circumstance (explain briefly): _____

2. Person filing the complaint (Complainant) and contact information:
   Name: _____
   Address: _____
   City, State, and Zip Code: _____
   Telephone Number with Area Code: _____
   Email: _____

3. Person discriminated against (if someone other than the person filing the complaint):
   Name: _____
   Address: _____
   City, State, and Zip Code: _____
   Telephone Number with Area Code: _____
   Email: _____

4. What is the name and contact information of the person, agency, institution or property (Respondent) that discriminated against you:
   Name: _____
   Address: _____
   City, State, and Zip Code: _____
   Telephone Number with Area Code: _____

5. Which best describes the reason you believe the discrimination took place? Your:
   - ❍ Race/Color
   - ❍ National Origin (includes language discrimination)
   - ❍ Religion or creed
   - ❍ Age
   - ❍ Familial status (presence of children or pregnancy)
   - ❍ Sex/gender
   - ❍ Disability
   - ❍ Other: _____

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6. When did the alleged discrimination take place?
   Starting date: _____
   Ending date or most recent date of alleged discriminatory act: _____

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 acts that you believe we should interview?
   ❍ Yes ❍ No
   If YES, please list the name and phone number of each potential witness: _____
   _____

9. Have you filed this complaint with anyone else at THDA? ❍ Yes ❍ No
   If YES, on what date did you previously file a complaint? _____
   If YES: Name of the THDA staff member to whom you spoke with or sent the complaint previously? _____
   If YES, how did you file the complaint? ❍ Written & Mailed ❍ E-mailed ❍ Phone

10. Have you filed this complaint with any other federal, state or local agency? ❍ Yes ❍ No
    If YES, provide information about the agency where the complaint was filed:
    Agency Name (e.g. HUD or TN Human Rights Commission) or Court System (e.g. Davidson County Chancery Court): _____
    Address: _____
    City, State, and Zip Code: _____
    Telephone Number with Area Code: _____

Please attach additional and supporting documentation with this form and submit to:

Laura Swanson, Title VI Coordinator, lswanson@thda.org
Tennessee Housing Development Agency
502 Deaderick Street, Third Floor
Nashville, TN 37243

Signature of Complainant: _____
Printed Name of Complainant:
_____

Date Submitted: _____

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