



Clarksville-Montgomery County School System Employee Discrimination Complaint Form

This process may be used by employees or applicants to file allegations of discrimination on the basis of sex, marital status, race, color, creed, national origin, religion, age, sexual orientation, gender identity, disability condition, or veteran status against the Clarksville-Montgomery County Board of Education or any person or program under the jurisdiction of the board. The complaint procedures are designed to provide a systematic, local protocol for the resolution of complainant's and does not supersede the complainant's right to file charges directly with any federal, state, or local agency.

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form please let us know.

1. Complainant's Name: _____

Address: _____

City, State and Zip Code: _____

Email address: _____

Telephone Number: _____

2. Person discriminated against (if someone other than the complainant)

Name: _____

Address: _____

City, State and Zip Code: _____

3. What is the name and location of the institution or agency or person(s) that you believe discriminated against you?

Name: _____

Address: _____

City, State and Zip Code: _____

4. Which of the following best describes the reason you believe the discrimination took place?
Was it because of your:

☐ Race ☐ Color ☐ Creed ☐ National Origin ☐ Religion

☐ Age ☐ Sex ☐ Sexual Orientation ☐ Disability ☐ Veteran Status

☐ Gender Identity ☐ Other _____

5. When did the alleged discrimination take place? Date(s) _____



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6. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible: _____

7. Have you tried to resolve this complaint through informal procedures at the institution (school or facility)? Yes_____ No_____

If yes, what was the result and/or what is the status of the complaint? _____

Name and title of person handling the complaint: _____

Date of last contact with this individual: _____

8. Have you filed or do you intend to file this complaint with any other federal, state, or local agency; or with any federal or state court?

Has been filed_____ Will be filed_____ Has not been filed_____

If the complaint has been filed with another agency, with whom has the complaint been filed? _____

If you intend to file with another agency, with whom do you intend to file your complaint? _____

9. Please provide information about a contact person at the agency/court where the complaint was filed.

Name and title: _____

Address: _____

City, State and Zip Code: _____



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10. Has this complaint been filed with this agency (school system) before:

No____ Yes____ Date complaint was filed:_____

11. Have you filed any other complaint(s) with this agency (school system)?

No____ Yes____

If yes, when and against who were they filed? Date(s)_____

Name:_____

Address:_____

City, State and Zip Code:_____

Please give a brief description of the complaint(s) previously filed.

12. Please sign below. You may attach any written material or other information that you think is relevant to your complaint.

Complainant's signature

Date

To be completed if complaint is made verbally and recorded by agency (school system) personnel.

Signature of person receiving complaint

Date



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FOR INTERNAL USE ONLY

1. Complaint received by Title VI Coordinator: _____
2. Notice of complaint sent to person(s) against whom complaint if made: _____

3. Date(s) of investigation interviews: _____
4. Date complainant is notified of findings/resolution: _____
5. Date appeal filed (if applicable): _____
6. Date appeal conducted (if applicable): _____
7. Decision rendered by Director of Schools: _____

NOTES: