

CITY OF JACKSON  
HUMAN RESOURCES DEPARTMENT  
127 E. MAIN STREET, SUITE 303  
JACKSON, TN 38301  
(731) 425-8252  
TITLE VI

**COMPLAINT REPORT**

This complaint is protected by the pledge of non-retaliation as long as the complaint has been made in good faith and belief. Anyone making a false complaint could be subject to disciplinary action or legal recourse. **A TITLE VI COMPLAINT OR KNOWLEDGE OF ALLEGED DISCRIMINATION MUST BE MADE WITHIN 180 DAYS OF THE ALLEGED DISCRIMINATION INCIDENT.**

**FACTS OF THE INCIDENT:**

Date of Report \_\_\_\_/\_\_\_\_/\_\_\_\_ Case File # \_\_\_\_\_  
Complainant's Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Location where the alleged incident occurred \_\_\_\_\_  
Time \_\_\_\_\_ a.m./pm Date of Incident \_\_\_\_\_  
Name(s) of persons/company involved: \_\_\_\_\_  
Brief description of incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**COMPLAINANT'S SUGGESTED RESOLUTION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESS(ES)**

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**BASIS OF COMPLAINT:** \_\_\_\_\_ RACE \_\_\_\_\_ COLOR \_\_\_\_\_ NATIONAL ORIGIN

**RESOLUTION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_