

**Northwest Tennessee Development District
Northwest Tennessee Human Resource Agency
Title VI Initial Complaint Form**

Name of Complainant: _____

Name of Program involved: _____

Date of Complaint: _____

Nature of Complaint (facts): _____

Resolution (if any): _____

Complainant Signature: _____

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Name of Title VI Program Coordinator: _____

Date copy was forwarded to the Title VI District Coordinator: _____

Title VI District Coordinator Signature: _____