

Appendix

Appendix A

KNOX COUNTY HUMAN RESOURCES COMPLAINT FORM

Knox County ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities including all employment practices.

Date of Filing: _____
 Name: _____
 Address: _____
 City, State, Zip Code: _____
 Work Phone: _____
 Home Phone: _____
 Email Address: _____
 Date of Alleged Incident: _____



Indicate below the person(s) who you believe discriminated against you:

Name(s): _____
 Work Location: _____
 Work Phone: _____

Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attached additional pages as necessary.

Appendix

Please provide a suggested detailed plan or remedy for this complaint. Attached additional pages as necessary.

Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

Yes No

If so, please provide the following information:

Agency Name: _____

Address: _____

Name of Investigator: _____

Phone Number: _____

Email Address: _____

Date Filed: _____

Status of Complaint: _____

Please attach and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to:

City County Building, Human Resources, Suite 360
400 Main Street
Knoxville, TN 37902
Office: 865-215-3641
TTY: 865-215-2497

Signature

Date