Madison County, Tennessee

COMPLAINT UNDER CIVIL RIGHTS ACT OF 1964

Date: _____

TO: Madison County Government

I, hereby file an official complaint against _____
(Name of Person or Agency)

Located at: _____

Complainant's Name: _____

Complainant's Address: _____

_____

_____

Complainant's Phone No: _____

Nature of Incident:

_____
_____
_____
_____

Name witness who may have knowledge of the discriminatory action: (Give address & phone no., if available)

_____
_____
_____
_____

Basis of Complaint: ( ) Race ( ) Color ( ) National Origin

Date of alleged discrimination:

_____

Signed:

_____