APPENDIX C

KNOXVILLE UTILITIES BOARD COMPLAINT OF DISCRIMINATION FORM

NOTE: KUB requests the following information to help process your complaint. If you need help completing this form, please request it.

1.	Complainant
	Name:
	Street Address:
	City, State, Zip Code:
	Telephone: HomeBusiness
2.	Person claiming discrimination (if someone other than the Complainant)
	Name:
	Street Address:
	City, State, Zip Code:
	Telephone: HomeBusiness
3.	Are you represented by an attorney for this complaint?
	Yes No
	If yes, please complete the following:
	Attorney's Name: Street Address: City, State, Zip Code:

4.	What person, department, or organization within KUB, or other person of entity associated with KUB, do you believe has discriminated against you				
	Name:				
5.	Which of the following best describes the reason you believe discrimination took place?				
	Race	Color	National Origi	n	
6.	Date of the alleged discrimination:				
7. print	In the space below, please describe <u>fully</u> the alleged discrimination. Explain what happened, and who you believe was responsible. Please t or type. Use space on the back side or attach additional pages if necessary.				
8.	Have you tried to resolve this complaint through any internal grievance procedure at KUB?				
	Yes	No_			
	If yes, what is the status of that grievance?				
	What is the name	e procedure?			
9. state	Have you filed a complaint about the alleged discrimination with a federal, or local agency, or with a state or federal court?				
	Yes	No_			
	If yes, circle all tha	at apply:			
	Federal agency State agency Local agency		Federal court State court		

Please provide the name of t complaint:	he agency or court where you filed your		
Agency/Court Name:			
Contact Person:			
10. Please sign below. You may attach additional information you believe is relevant to your complaint.			
Signature of Complainant	Date		