PO Box 330989
Nashville, TN 37203
P: 615.383.3887 F: 615.383.2647
www.tennesseekidneyfoundation.org
@tnkidney

TITLE VI COMPLAINT FORM
Current as of 2026

Complainant's Name		Address	
City		State	Zip
Telephone No:		Cell	Office
What was the discrimination based upon? (Check all that apply)			
Race/Color	Income	Religion	Disability
National Origin	Sex	Sexual Orientation	Other
Please provide Witness contact information (if any).			
Witness 1			
Name		Address	
City	State	Zip	Phone Number
Witness 2			
Name		Address	
City	State	Zip	Phone Number
Please describe the incident			