



Complaint Form

Pursuant to the Americans with Disabilities Act (ADA)

I. COMPLAINANT INFORMATION

Name: _____
Last First MI

Address: _____
Street Number and Name PO Box

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I prefer to be contacted by: Phone _____ TTY _____ Email _____ US Mail _____ Other (specify) _____

II. DESCRIBE YOUR COMPLAINT OF PHYSICAL DISCRIMINATION BASED UPON DISABILITY

Be specific & give dates, time and locations.

III. PERSONS INVOLVED IN THIS COMPLAINT

List names or describe all persons involved in your complaint. Indicate the job title & County agency, department or division of County employees if possible.

IV. WITNESSES TO YOUR COMPLAINT

List names or describe all persons involved in your complaint. Indicate the job title & County agency, department or division of County employees if possible.

V. EVIDENCE & DOCUMENTATION

List & provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

VI. WHAT REMEDIES/RESOLUTIONS ARE YOU SEEKING?

CERTIFICATION: I hereby certify that the information & statements above are true.

Signature: _____ Date: _____

If person needing accommodation is not the individual completing this form, please provide the following information:

Name: _____
Last First MI

Address: _____
Street Number and Name PO Box

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

For more information or assistance with completing this form, please contact the **Tipton County ADA Coordinator: Bob Beanblossom**, Phone 901 476-0219, Email rbeanblossom@tiptonco.com., Address: Tipton County ADA, 103 E. Pleasant Ave., Covington, TN 38019.

Use the reverse side of this form or attach numbered pages if needed.