

**Sumner County, Tennessee
Americans with Disabilities Act (ADA)
Grievance Form**

Instructions

This is a printable form. Please fill out this form completely. It can be completed electronically or printed and handwritten using black ink. Sign and send it to:

**Sumner County Risk Management
355 N Belvedere Drive
Suite 304
Gallatin, TN 37066
Via Email: kwhite@sumnercountyttn.gov
615.451.6023**

Complaint Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address (Optional): _____
Telephone: _____ Alternate Telephone: _____

Information on Alleged Violation

Date of Alleged Violation: _____
Description of Alleged Violation: _____

Requested Remedy: _____

Have efforts been made to resolve this complaint through the Department in which the alleged discrimination occurred?
Yes: _____ No: _____

Complete the following if you answered "Yes" to the previous question.

Department: _____
Contact Person: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____
Date Filed: _____

Additional comments: _____

If you need assistance completing this form, please contact the Sumner County ADA Coordinator at 615.451.6023.

Signature: _____ Date: _____