

**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 Human Resources  
355 N Belvedere Drive Suite 101  
Gallatin, TN 37066  
Via Email: [kwhite@sumnercountyttn.gov](mailto: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 assistant completing this form, please contact the Sumner County ADA Coordinator at 615.451.6023.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_