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 303
Gallatin, TN 37066
Via Email: kwhite@sumnercountytn.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: _____