

HAMBLLEN COUNTY, TENNESSEE



AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR
511 WEST SECOND NORTH STREET
MORRISTOWN TN 37814

TEL: (423) 586-1931 FAX: (423) 585-4699
wendy.williams@co.hamblen.tn.us

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL - GRIEVANCE FORM

I. COMPLAINANT INFORMATION

Name of Complainant: _____

Last

First

Middle

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

Preferred Method (s) of Communication: (Check all that apply)

Voice Telephone / TTY / E-mail / US MAIL / Other: _____

II. DESCRIBE YOUR COMPLAINT OF DISCRIMINATION BASED UPON DISABILITY

Be specific and give date(s), time(s) and location(s). Use the reverse side of this sheet or attached pages, if needed.

III. PERSONS NAMED IN YOUR COMPLAINT List the names of (or describe) all persons involved in your complaint. If the complaint involves a county employee, please list their name, job title, and department, if possible.

IV. WITNESSES TO YOUR COMPLAINT List the names of (or describe) all persons involved in your complaint. . If the witness to your complaint is a county employee, please provide their name, job title, and department, if possible.

V. EVIDENCE AND DOCUMENTATION List and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

VI. CASE REMEDY AND /OR RESOLUTION What remedies or resolutions are you seeking?

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

Signature: _____ Date: _____

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

Representative's Name: _____

Address: _____ Telephone Number: _____

For more information or assistance in completing the form, please contact the
ADA Coordinator via (423) 586-1931 or wendy.williams@co.hamblen.tn.us