

## ADA COMPLAINT FORM

### STATEMENT CONCERNING CONFIDENTIALITY

Pursuant to Tennessee Code Annotated § 10-7-502(a), "all state . . . records . . . shall at all times, during business hours, be open for personal inspection by any citizen of Tennessee, and those in charge of such records shall not refuse such right of inspection to any citizen, unless otherwise provided by state law." Accordingly, the State cannot and does not guarantee the confidentiality of this document or any notes, files, reports, or other documents, whether created by the State or received from the complainant, accused, or witnesses.

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers of Complainant:

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Person Discriminated Against:  
(if other than the complainant) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Which of the following best describes the nature of your complaint?

Lack of Access to a  Facility  Program  Service  Activity

Name of Person(s) or Department you believe has discriminated:

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Date of Earliest Occurrence of Event(s): \_\_\_\_\_

How were you discriminated against?

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Explain as clearly as possible what happened, including who did what, where it happened, who was involved, etc. Please attach additional pages if necessary.

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Explain why you believe these events occurred:

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Have efforts been made to resolve this complaint through the internal grievance procedure of the organization?

Yes

No

If you answered yes to the previous question, what is the status of the grievance?

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What do you think would resolve the problem or complaint?

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Has the complaint been filed with another Federal, State, or local civil rights agency or court?

Yes       No

If Yes:

Agency or Court: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Do you intend to file with another agency or court?

Yes       No

Agency or Court: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Additional space for answers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Return to:

Town of Greeneville  
Patsy Fuller, ADA Coordinator  
Human Resources Department  
200 N. College St.  
Greeneville, TN 37745  
423-639-7105 Phone  
423-639-0093 Fax  
Email [pfuller@greenevilletn.gov](mailto:pfuller@greenevilletn.gov)