

City of LaFollette

Americans with Disabilities Act (ADA) Complaint Form

This form is intended to be a tool to help you describe the act or situation encountered that you believe to be discriminatory. This form also serves as a basis for which a solution can be found. If you have questions about this form or need assistance completing the form, please contact the ADA Coordinator at (423) 563-0719.

You will be contacted for further information, or you will receive a response within fifteen (15) days of receipt of this complaint by the appropriate City staff.

Please fill out this form in its entirety-do not use pencil. When finished, sign and date the form and return to the address on the form. There are three sections of the form-please complete each section as applicable or enter 'not applicable'.

A. Person alleged to have encountered a problem

Name: _____

Address: _____

Phone-Home: _____

Phone- Business: _____

Email address: _____

Nature of disability: _____

B. Person filing the complaint (if different from above)

Name: _____

Address: _____

Phone-Home: _____

Phone- Business: _____

Email address: _____

C. The Situation

In your own words, please explain how you believe you were treated less favorably. (Use second page if necessary.)

Date of Occurrence: _____

Please list name(s) and contact information of any witnesses:

Name/Number/Email

What remedy was sought prior to completing this form?

Of whom was a remedy sought? What was the outcome?

Please describe the relief or accommodation being sought. I affirm that the above information is true and correct.

Signature: _____

Date: _____