

**Montgomery County, Tennessee
Americans with Disabilities Act (ADA)
Grievance Form**

Instructions

This is a printable form. Please fill out this form completely either electronically and printing or printing and handwriting using black ink. Sign it and send it to:

Montgomery County ADA Coordinator
1 Millennium Plaza, Suite 401
Clarksville, TN 37040
Via email agbush@mcgtn.net
931.553.5113

Complainant Information

Name

Address

City

State

Zip Code

Email Address (optional)

Telephone (Daytime)

Telephone (Alternate):

Person Alleging ADA Violation (to be completed if other than complainant)

Name

Address

City

State

Zip Code

Email Address (optional)

Telephone (Daytime)

Telephone (Alternate):

Information on Alleged Violation

Date Alleged Violation Occurred

Description of Alleged Violation

Requested Remedy

Have efforts been made to resolve this complaint through the Department in which the alleged discrimination occurred? (please check one): Yes No

Complete the following if you answered “Yes” to the previous questions

Department

Contact Person

City

State

Zip Code

Telephone

Date Filed

Additional space for answers or comments:

If you need assistance completing this form, please contact the Montgomery County ADA Coordinator listed above.

Signature:

Date: