

Town of Jonesborough

Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Instructions: Please fill out this form completely, in ink or type. Sign and return to the address on page 2.

Complainant: _____

Address: _____

City, State, Zip Code: _____

Telephone: Home _____ Cell: _____ Business: _____

Person Discriminated Against (if other than the complainant): _____

Address: _____

City, State, Zip Code: _____

Telephone: Home _____ Cell: _____ Business: _____

Town Department or Employee Associated with Complaint

Name: _____

Department: _____

When did the discrimination occur? _____ Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

If an ADA access issue, please describe the concern and location in detail:

Have efforts been made to resolve this complaint through the internal Jonesborough grievance procedure? Yes_____ No_____

If Yes: what is the status of the grievance?

Has the complaint been filed with any other agency? Yes_____ No_____

If Yes:

Agency:_____

Contact Person:_____

Address:_____

City, State, Zip Code:_____

Telephone:_____ Date Filed:_____

Additional Space for Comments:

Signature:_____

Date:_____

Return to:

**Town of Jonesborough
123 Boone Street
Jonesborough, TN 37659**

Attn: Phil Fritts, ADA Coordinator