



ADA Compliance Division

Metropolitan Government of Nashville & Davidson County

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

Intake Form

Instructions: Please fill out this form completely, using black ink or typing. Sign it and send it to the address at the bottom of the last page. This form is available in alternate formats by request. This form is available in alternate formats by request.

Reporting Individual: _____

Address: _____

City, State, and ZIP Code: _____

Telephone – Home: _____ Telephone – Business: _____

Person Allegedly Discriminated Against (if other than reporting individual): _____

Address: _____

City, State, and ZIP Code: _____

Telephone – Home: _____ Telephone – Business: _____

Program Alleged to Be Inaccessible: _____

Address: _____

City, State, and ZIP Code: _____

Telephone Number: _____

When did the alleged discrimination occur? (date): _____

Describe the acts of alleged discrimination, or way in which the program is not accessible, providing the name(s) where possible of the individuals who allegedly discriminated (use the space on next page if necessary). _____



