



Complaint Form

*Americans with Disabilities Act, Title II
 Rehabilitation Act of 1973, Section 504*

Alternate formats of this form are available upon request.

<p>Instructions:</p> <p><i>Please fill out this form completely, using black ink or type.</i></p> <p><i>Sign the form, and send it to the ADA Compliance Division.</i></p>	<p>Send Completed Form to:</p> <p>ContactADA@Nashville.gov</p> <p align="center"><i>or</i></p> <p>ADA Compliance Division Metropolitan Government of Nashville & Davidson County P.O. Box 196300 Nashville, Tennessee 37219-6300</p>
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Person Reporting Complaint :	
Address :	
City, State & Zip Code :	
Telephone or Mobile Phone #	
<i>If the person reporting this complaint and the aggrieved individual are the same person, skip the remaining fields on this page, and proceed to page 2 to complete this form.</i>	
Aggrieved Person :	
Address :	
City, State & Zip Code :	
Telephone or Mobile Phone #	
When did the incident at issue happen (date and approximate time ?	
Where did the incident at issue occur ?	
Metro Program or Agency Name :	
Address :	
City, State & Zip Code :	
Telephone #	

proceed to page 2

Please describe the incident, situation, encounter, or matter of concern. Include names, locations, times, and any other relevant, specific information, as possible, to explain and detail this complaint.

Was the relevant, Metro agency/department ADA Coordinator contacted ? (yes / no)	
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Describe any previous efforts to resolve this complaint (if applicable).

Signature of Person Who Completed this Form :	
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Printed Name :	
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Date :	
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