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 City’s ADA Coordinator at 865.215.2034 (Voice) or at 865.215.4581 (TTY).

You will be contacted for further information or you will receive a response within fifteen 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 say “not applicable”.

I. Person alleged to have encountered a problem

Name: _______________________________________________________

Address: ___________________________________________________________________________

Phone—Home: _____________ Phone—Business: ___________________

Email address: ________________________________________________

Nature of disability ___________________________________________

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

Name: _______________________________________________________

Address: ___________________________________________________________________________

Phone—Home: _____________ Phone—Business: ___________________

Email address: ________________________________________________

III. The Situation

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

Date of alleged discriminatory occurrence: _________________________

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

Name/Number/Email
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: ________________________________

Send this form to:

ADA Coordinator
City of Knoxville
P. O. Box 1631
Knoxville, TN  37901

In Office Use Only:

Date received: ____________  Received by: ________________________________

Action taken: ______________________________________________________

Transferred to: ______________________________________________________

Action taken: ______________________________________________________