

## COMPLAINT FORM



The Americans with Disabilities Act (ADA) of 1990 is a civil rights statute that prohibits discrimination against people who have disabilities. Title II of the Act specifically addresses the subject of making public services accessible to those with disabilities.

Any individual may exercise his or her right to file a complaint with the ADA Coordinator if that person believes that he or she has been subjected to unequal treatment or discrimination in the receipt of programs, activities, benefits, or services. We will make a concerted effort to resolve complaints locally, using the agency's Nondiscrimination Complaint Procedures. All ADA complaints and their resolution will be logged and reported annually.

Please call, present in person, mail or email to provide the necessary information for your concern:

ADA Coordinator  
Sonya Stephenson  
Rutherford County Government  
303 N. Church Street, Suite 200  
Murfreesboro, TN 37130  
615-494-4480  
[sstephenson@rutherfordcountyttn.gov](mailto:sstephenson@rutherfordcountyttn.gov)

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| <b>PLEASE PRINT</b> if you are not completing the on-line version of this form.   |
| <b>1. Complainant's Name:</b>   |
| a. Address:   |
| b. City: State: Zip Code:   |
| c. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> ) Please include area code Telephone Number (Work)<br>( ) ( )  |
| d. Electronic Mail Address:   |
| Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>2. Accessible Format of Form Needed?</b> <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD<br><input type="checkbox"/> Other (please specify):                                       |
| <b>3. Are you filing this complaint on your own behalf?</b> <input type="checkbox"/> Yes <b>If YES, please go to Question 7</b><br><input type="checkbox"/> No If no, please go to question 4   |
| <b>4. If you answered NO to question 3 above, please provide your name and address.</b>   |
| a. Name of Person Filing Complaint:   |
| b. Address:   |
| c. City: State: Zip Code:   |
| d. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> ) Please include area code Telephone Number (Work)<br>( ) ( )  |
| e. Electronic Mail Address:   |
| Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>5. What is your relationship to the person for whom you are filing the complaint?</b>  |
| <b>6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.</b> <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission. |
| <b>7. I believe that the discrimination I experienced was based on</b> (check all that apply)<br><input type="checkbox"/> ADA <input type="checkbox"/> Other (specify)  |

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| <b>8. Date of Alleged Discrimination (Month, Day, Year):</b>  |
| <b>9. Where did the Alleged Discrimination take place?</b>  |
| <b>10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use the back of this form or separate pages if additional space is required.</b>   |
| <b>11. Please list any and all witnesses' names and phone numbers/contact information. Use the back of this form or separate pages if additional space is required.</b>   |
| <b>12. What type of corrective action would you like to see taken?</b>  |
| <b>13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes If yes, check all that apply <input type="checkbox"/> No</b><br><br>a. <input type="checkbox"/> Federal Agency (List agency's name)<br>b. <input type="checkbox"/> Federal Court (Please provide location)<br>c. <input type="checkbox"/> State Court<br>d. <input type="checkbox"/> State Agency (Specify Agency)<br>e. <input type="checkbox"/> County Court (Specify Court and County)<br>f. <input type="checkbox"/> Local Agency (Specify Agency) |
| <b>14. Please provide information about a contact person at the agency/court where the complaint was filed.</b><br><br>Name: _____ Title: _____<br>Agency: _____ Telephone: (    ) _____<br>Address: _____<br>City: _____ State: _____ Zip Code: _____  |

**You may attach any written materials or other information that you think is relevant to your complaint.**

Signature and date is required:

\_\_\_\_\_

Signature

Date

If you completed Questions 4, 5 and 6, your signature and date is required

\_\_\_\_\_

Signature

Date