

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
Abbie Howell
Cannon County Government
200 W. Main St.
Woodbury, TN 37190
615-563-2320
Abbie.Howell@CannonCountyTN.GOV

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