CITY OF KNOXVILLE

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 (Fax).

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 via email, or 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:	
Home Phone:	Business Phone:
Email Address:	
Nature of Disability:	

II. Person filing the complaint (if different from above)	
Name:	
Address:	
Home Phone:	Business Phone:
Email Address:	

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III. The Situation

In your own words, please explain how you believe you were treated less favorably. (Use additional 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?	

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Please describe the relief or accommodation being sought:

I affirm that the information above is true and correct.
Signature:
Date:

Submit document online now: **Submit**

Or Print: **Print**

And mail 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:	