

Americans with Disabilities Complaint Form

If more room is needed to complete this form additional sheets may be attached

Please complete this form to the best of your abilities, any persons that are in need of assistance in completing this form may request assistance at: City Hall, 600 East Walnut Street, Dickson, TN 37055.

❖ **Person Reporting Complaint**

a. Name: _____

b. Address: _____

c. Contact Number: _____

❖ **Aggrieved Person (If different than person reporting complaint)**

a. Name: _____

b. Address: _____

c. Contact Number: _____

❖ **When did the incident occur (date and approximate time)?** _____

❖ **Where did the incident occur?** _____

❖ **City of Dickson Program?** _____

a. **City Agency Name?** _____

b. **City Agency Address?** _____

c. **City Agency Contact Number?** _____

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

❖ Was the relevant, City of Dickson Department contacted? _____

❖ Describe any previous efforts to resolve this complaint (if applicable). _____

Signature of person who completed this form: _____

Printed name of person who completed this form: _____

Date this form was completed: _____

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