AMERICANS WITH DISABILITIES ACT (TITLE I) COMPLAINT FORM

The City of Hendersonville ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities including all employment practices. To request an accommodation and/or an alternate format, please contact the ADA/504 Coordinator at 615-822-1016, or Tennessee Relay by dialing 7-1-1.

City of Hendersonville
Tennessee

Date of Filing: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Work Phone: _____

Home Phone: _____

Email Address: _____

Date of Alleged Incident: _____

Indicate below the person(s) who you believe discriminated against you:

Name(s): _____

Work Location: _____

Work Phone: _____

Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

Please provide a suggested detailed plan or remedy for this complaint. Attach additional pages as necessary.

Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

☐ Yes ☐ No

If so, please provide the following information:

Agency Name: _____

Address: _____

Name of Investigator: _____

Phone Number: _____

Email Address: _____

Date Filed: _____

Status of Complaint: _____

Please attach and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to:

Jason Gallo, Title I ADA/504 Coordinator
101 Maple Drive North
Hendersonville, Tennessee 37075
Phone: 615-822-1016
Fax: 615-264-5351
Tennessee Relay: 7-1-1
jgallo@hvilletn.org

_____ _____

Signature Date