

# AMERICAN WITH DISABILITIES ACT (TITLE II) 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 administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Todd Baun, ADA/504 Coordinator at 615-822-1016, or Tennessee Relay by dialing 7-1-1.*

Date of Filing: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Alternate Number: \_\_\_\_\_  
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:

Todd Baun, ADA/504 Coordinator  
101 Maple Dr North  
Hendersonville, TN 37075  
Phone: 615-822-1016  
Fax: 615-264-5351  
Tennessee Relay: 7-1-1  
[tbaun@hvilletn.org](mailto:tbaun@hvilletn.org)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date