GRIEVANCE FORM
(Please write legibly)

GRIEVANT INFORMATION

Name of Grievant: ____________________________________________
   Last   MI   First

Address: ______________________________________________________

City: ____________________________ State: _______ Zip: __________

Telephone Number: ________________________________

E-mail Address: ____________________________________________

Preferred Method(s) of Communication: (Check all that apply)
☐ Voice Telephone  ☐ TTY  ☐ Email  ☐ US MAIL &  ☐ Other: __________________________

DESCRIBE YOUR COMPLAINT OF DISCRIMINATION BASED UPON DISABILITY. Be specific and give date(s), time(s) and location(s). Use the reverse side of this sheet or attached pages, if needed.

PERSONS NAMED IN YOUR COMPLAINT. List the names of (or describe) all persons involved in your complaint. Indicate the job title and City Agency, department or division of City employees, if possible.


WITNESSES TO YOUR COMPLAINT. List the names of (or describe) all persons involved in your complaint. Indicate the job title and City Agency, department or division of City employees, if possible.

EVIDENCE AND DOCUMENTATION. List and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

CASE REMEDY AND/OR RESOLUTION. What remedies or resolutions are you seeking?

CERTIFICATION: I hereby certify that the information and statements above are true.

Signature: ___________________________ Date: ________________

If person needing accommodation is not the individual completing this form, please provide:

Representative’s Name: ___________________________

Address: _______________________________________

Telephone Number: ___________________________

Submit this completed and signed form to:
City of Hendersonville
Attn: City Administrator
101 Maple Drive North
Hendersonville, TN 37075

For more information or assistance in completing the form, please contact the ADA Coordinator, Sarah Lock at (615) 822-1016 or via email at slock@hvilletn.org.