

ADA GRIEVANCE FORM

Instructions: Please complete and sign the form and submit it within 30 calendar days of any incident to:

City of Hendersonville
Attn: Mayor's office
101 Maple Drive North
Hendersonville, TN 37075

For more information or assistance in completing this form, please contact the ADA Coordinator, Peter Voss at (615) 263-5314 or via email at personnel@hvilletn.org.

Type of Grievance (check all that apply):

Program/Service/Activity
 Facility Accessibility
 Other: _____

CONTACT INFORMATION

Reporting Individual:

Full Name:	
Address:	
City, State, Zip Code:	
Phone:	Alternate Phone:
Email:	

Authorized Representative of Reporting Individual (if any):

Full Name:	
Address:	
City, State, Zip Code:	
Phone:	Alternate Phone:
Email:	

DETAILS OF COMPLAINT / INCIDENT

Date/Time of Incident: _____

Department/Facility/Location Involved:

Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary.

Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.

What remedy are you seeking?

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

Signature

Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the City of Hendersonville ADA Coordinator, Peter Voss at: personnel@hvilletn.org or (615) 263-5314.