

ADA Title II/Section 504 Complaint Form for Marion County Tennessee

Complainant Intake

STATEMENT CONCERNING CONFIDENTIALITY

Pursuant to Tennessee Code Annotated § 10-7-503(a), "all County . . . records . . . shall at all times, during business hours, be open for personal inspection by any citizen of Tennessee, and those in charge of such records shall not refuse such right of inspection to any citizen, unless otherwise provided by state law." Accordingly, the County cannot and does not guarantee the confidentiality of this document or any notes, files, reports, or other documents, whether created by the County or received from the complainant, accused, or witnesses.

Full name of complainant or person reporting event:

Full mailing address of complainant or person reporting event:

Telephone number (include area code) of complainant or person reporting event:

Work:

Home:

Is your home telephone number unlisted? Yes

 No

Mobile:

E-mail address of complainant or person reporting event:

Name of agency and division involved:

Name of person(s) who allegedly discriminated against you or harassed you?

[illegible]

Describe how others were treated differently than you:

Were there other employees who were treated better in similar circumstances? Please check one:
Yes _____ No _____

If you answered yes to the previous questions, please provide the names of the employees who were treated better and describe how they were treated better:

Please list below any persons (witness, fellow employees, supervisors, others) who may have additional information to support or clarify this complaint. Explain what information each can provide.

What explanation do you think the agency or accused will give as to why you were treated in this manner?

Please identify any other information (including documentary evidence such as diaries, journals, recordings, emails, voicemails, correspondence, etc.) that you think is relevant to this matter.

What do you want to happen as a result of this complaint?

If you have told anyone else about this matter, please list the name(s) and relationship(s) (coworker, family member etc.)

Signature of complainant: _____

Date: _____

You may also include:

- **Any special accommodations for us to communicate with you about this complaint**
- **Contact information for someone who can help us reach you if we cannot reach you directly**
- **If you have filed your complaint somewhere else and where you've filed**
