



Citizen Complaint Form **Americans with Disabilities Act Plan**

Instructions:

This form is for citizens under Title II of the ADA and the County's ADA Plan.

Please fill out this form completely in ink or type. Sign and return to the County ADA Coordinator using the contact information at the bottom of this form.

If you are unable to complete this form due to a disability or require additional information, please contact the ADA Coordinator, Mr. Lewis Haynie, at (423) 753-1652 for assistance and the County, to the extent possible, will make reasonable accommodations.

Complainant: _____

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Person Discriminated Against (if other than the complainant):

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Government Department, Facility, Program, or Employee which you believe has discriminated or has an accessibility issue:

Name: _____
When did the discrimination occur? Date: _____ Time: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space at end if necessary):

If an ADA access issue, please describe in detail the concern and location (use space at end if necessary):

Have you previously submitted an "Accommodation Request Form" through the Washington County ADA Plan?

Yes: _____ Date: _____
No: _____

If yes: what is the status of the request?

Has the complaint been filed with any agency?

Yes _____ No _____

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date Filed: _____

Additional space for answers and information:

Signature: _____

Date: _____

Return to:

Washington County, TN
100 E. Main St.
Jonesborough, TN 37659
Attention: Lewis Haynie, ADA Coordinator
Email: lhaynie@washingtoncountyttn.org