

5854 Airline Road PO Box 507 Arlington, TN 38002



P: 901.867.2620 F: 901.867.2638

Americans with Disabilities Act Complaint/Assistance Form

Mail or Hand Deliver your completed form to:

Town of Arlington

ADA Coordinator/EEO

5854 Airline Road

P.O. Box 507

Arlington, TN 38002

This form may be used by non-city employees to file a complaint with the Town of Arlington ADA Coordinator based on violations of Title II of the Americans with Disability Act and Section 504 of the Rehabilitation Act of 1973. You are not required to use this form, a letter that provides the same information may be submitted to file your complaint.

Name:	Da	Date:	
Street Address:			
City:	State:	Zip:	
Telephone:			
Individual(s) involved in compl	aint, if different than above (u	se additional pages if needed).	
Name:	Da	Date:	
Street Address:			
City:	State:	Zip:	
Telephone:			
Please explain your relationsh	ip with the individual(s) indic	cated above:	
Name of Town of Arlington D		ved in deficiencies:	
Name(s) of individual(s) and/o	or position title (if known) tha	t involved in the complaint:	
Date(s) of alleged complaint			

ate complaint began:
ast or most recent date of complaint:
lease explain in the space provided what happened. Describe the acts which form the ba f the complaint and provide name(s) of witnesses and others involved in the alleged omplaint. Attach additional sheets if necessary and provide written documents pertaining to the neident if available.
lease list any changes you wish to see that would be helpful in resolving the problem you not not countered:
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