



Americans with Disabilities Act (ADA) Complaint Form

This form is intended to be a tool to help you describe the act or situation encountered that you believe to be discriminatory. This form also serves as a basis for which a solution can be found. If you have questions about this form or need assistance completing the form, please **contact Lawrence County's ADA Coordinator, Brandi Dean Williams, at 931-766-4193.** If you have encountered a situation in the **court system**, please **contact ADA Coordinator, Kristy Gang at 931-766-4142.**

You will be contacted for further information or you will receive a response within fifteen (15) days of receipt of this complaint by the appropriate County staff.

Please fill out this form in its entirety-do not use pencil. When finished, sign and date the form and return to the address on the form. There are three sections of the form-please complete each section as applicable or say "not applicable".

I. Person alleged to have encountered a problem

Name: _____

Address : _____

Phone-Home: _____ Phone- Business: _____

Email address: _____

Nature of disability _____

II. Person filing the complaint (if different from above)

Name: _____

Address: _____

Phone- Home _____ Phone- Business: _____

Email address: _____

III. The Situation

In your own words, please explain how you believe you were treated less favorably. (Use second page if necessary.)

Date of alleged discriminatory occurrence: _____

Please list name(s) and contact information of any witnesses:

Name/Number/Email _____

Name/Number/Email _____

What remedy was sought prior to completing this form?

Of whom was a remedy sought? What was the outcome?

Please describe the relief or accommodation being sought.

I affirm that the above information is true and correct.

Signature: _____

Date: _____

Send this form to:

**ADA Coordinator – (General)
Mrs. Brandi Dean Williams
Lawrence County Government
202 Deller Street
Lawrenceburg, TN 38464**

**ADA Coordinator – (Courts)
Mrs. Kristy Gang
Lawrence County Government
240 West Gaines Street
Lawrenceburg, TN 38464**

In Office Use Only:

Date received: _____ Received by: _____

Action taken: _____

Transferred to: _____

Action taken: _____