

CITY OF COOKEVILLE

Gail Fowler, ADA/504 Coordinator
45 East Broad Street
Cookeville, TN 38501
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AMERICANS WITH DISABILITIES ACT (TITLE II) COMPLAINT FORM

The City of Cookeville ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Gail Fowler, ADA/504 Coordinator at 931-520-5256, or Tennessee Relay by dialing 7-1-1.

I. COMPLAINANT INFORMATION

Name of Complainant: _____
Last First M

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

Preferred Method(s) of Communication: (Check all that apply)

Voice Telephone TTY E-mail US Mail & Other: _____

II. DESCRIBE YOUR COMPLAINT OF DISCRIMINATION BASED UPON DISABILITY.

Be specific and give date (s), time (s), and location (s). Use the reverse side of this sheet or attached pages, if needed.

III. PERSONS NAMED IN YOUR COMPLAINT. List the names of (or describe) all persons involved in your complaint. Indicate the job title and City Agency, department or division of City employees, if possible.

IV. WITNESS TO YOUR COMPLAINT. List the names of (or describe) all persons involved in your complaint. Indicate the job title and City Agency, department or division of City employees, if possible.

V. EVIDENCE AND DOCUMENTATION. List and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

VI. CASE REMEDY AND/OR RESOLUTION. What suggested remedies or resolutions are you seeking?

Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

Yes No

If so, please provide the following information:

Agency Name: _____

Address: _____

Investigator's Name: _____

Telephone Number: _____

Email Address: _____

Date Filed: _____

Complaint Status: _____

The completed form must be submitted to:

Gail Fowler, ADA/504 Coordinator

45 East Broad Street

Cookeville, TN 38501

Phone: 931-520-5256

Tennessee Relay: 7-1-1

gflower@cookeville-tn.gov

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

Signature: _____ Date: _____

If person needing accommodation is not the individual completing this form, please provide

Representative's Name: _____

Address: _____ Telephone Number: _____
