



HARTSVILLE / TROUSDALE COUNTY GOVERNMENT

ADA Title II/Section 504 Complaint Form

Instructions: Please complete and sign the form and submit it within 60 calendar days of any incident to:

ADA / Section 504 Coordinator — Dawn Dineen

Hartsville/Trousdale County Government

328 Broadway, Room 6
Hartsville, TN 37074

Phone: (615) 374-2461 ext 1113

Email: Dawn.Dineen@trousdalecountyttn.gov

1. Type of Grievance (check all that apply):

- Accommodation Request
- Program / Service
- Facility Accessibility
- Other _____

2. CONTACT INFORMATION (Reporting Individual):

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

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DETAILS OF COMPLAINT / INCIDENT

3. Date of Incident: _____

4. Time of Incident: _____

5. Department / Facility / Location Involved:

6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:

7. Have attempts been made to resolve the complaint? If yes, please describe the efforts that have been made.

8. What action do you want taken?

Signature: _____ Date: _____

Received by HTCG: _____ Date: _____