



Carter County  
Americans with Disabilities Act Coordinator  
801 E. Elk Avenue, Suite 214  
Elizabethton, TN 37643

## **AMERICANS WITH DISABILITIES ACT COMPLAINT FORM**

Please use this form to file a complaint based on disability in the provision of services, activities, programs, or benefits. Please submit this form to the ADA Coordinator, Mr. Billy Harrell, at the Carter County Emergency Management Agency. The Carter County Emergency Management Agency is located at 525 South Sycamore Street, Elizabethton, Tennessee, 37643.

If you need assistance to complete this form, you may contact the ADA Coordinators at (423) 542-1888.

### **COMPLAINANT INFORMATION:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

#### 1. Your claim is made against:

Agency: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

#### 2. Location(s) and date(s) of the circumstances giving rise to your complaint:

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Are the circumstances of your complaint continuing?

Yes  No

3. Please describe the alleged denial of services, activities, programs or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting data, if available.

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4 A. Have you filed a claim regarding this complaint with a federal, state, or local government agency?

Yes  No

B. Have you hired an attorney with respect to the allegations in the complaint?

Yes  No

C. Have you instituted a legal suit or court action regarding this complaint?

Yes  No

5. This complaint form was completed by:

ADA Coordinator  Complainant

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_