



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. Gary Smith, or Mr. Billy Harrell, at the Carter County Emergency Management Agency. The Carter County Emergency Management Agency is located at 801 E. Elk Avenue, Suite 214, Elizabethton, Tennessee, 37643.

If you need assistance to complete this form, you may contact the ADA Coordinators at (423) 542-1888 or via e-mail at smithg@cartercountyttn.gov or harrellb@cartercountyttn.gov.

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:

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.

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: _____