



CITY OF JACKSON ADA GRIEVANCE COMPLAINT FORM

Instructions for filing an ADA grievance:

- 1. Please complete the following form.
2. Return the form as soon as possible but no later than sixty (60) calendar days after the alleged violation to: CITY OF JACKSON
SHARON SMITH, ADA COODINATOR
125 E. MAIN STREET, SUITE 302
JACKSON, TENNESSEE 38301
(731) 425-8277 or save to desktop & email to ssmith@cityofjackson.net
3. Alternative means of filing complaint will be made available for persons with disabilities upon request.
4. Within fifteen (15) calendar days the ADA coordinator will meet with the complainant to discuss & reach a resolution.

DATE: GRIEVANT'S NAME: PLEASE PRINT

ADDRESS: CITY: STATE: ZIP CODE:

PHONE NUMBER: EMAIL ADDRESS:

DESCRIPTION OF ALLEGED DISCRIMINATION:

LOCATION OF COMPLAINT:

Signature of Grievant Date signed

Alternative means of filing (describe):

City of Jackson Use only: Received by: Date Received: