

AMERICANS WITH DISABILITIES ACT COMPLAINT FORM

Knox County ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation 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 Carly Pearson, ADA Coordinator at 865-215-3603, or TTY 865-215-2497.

Date of Filing: _____
 Name: _____
 Address: _____
 City, State, Zip Code: _____
 Work Phone: _____
 Home Phone: _____
 Email Address: _____
 Date of Alleged Incident: _____



Indicate below the person(s) who you believe discriminated against you:

Name(s): _____
 Work Location: _____
 Work Phone: _____

Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

Please provide a suggested detailed plan or remedy for this complaint. Attach additional pages as necessary.

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: _____
Name of Investigator: _____
Phone Number: _____
Email Address: _____
Date Filed: _____
Status of Complaint: _____

Please attach and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to:

Carly Pearson, MBA
ADA Coordinator
Knox County Department of Risk Management
400 Main Street, Suite 345
Knoxville, TN 37902
Phone: 865-215-3603
TTY: 865-215-2497
carly.pearson@knoxcounty.org

Signature

Date