

**Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Accommodation/Grievance Form**

Please fill out this form completely, using black ink or typing. Sign it and send it to the Address at the bottom of the second page.

Reporting Individual: _____

Address: _____

City, State and Zip Code: _____

E-Mail Address (optional): _____

Telephone (home): _____ Telephone (business): _____

I wish to file (please check one):

A request for Accommodation _____ A grievance _____

Program Alleged to be Inaccessible: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Describe the acts of alleged discrimination or way in which the program is not accessible, providing the name(s) where possible of the individuals who allegedly discriminated.

Have efforts been made to resolve this complaint through the Department in which the Alleged discrimination occurred?

Additional space for answers or comments:

Signature: _____

Date: _____

Send To:

ADA Compliance Coordinator
City of Clarksville
One Public Square
Clarksville, TN 37040