

CITY OF COOKEVILLE

Amy Garrett, ADA/504 Coordinator  
45 East Broad Street  
Cookeville, TN 38501  
Phone: 931-520-5256  
Tennessee Relay: 7-1-1  
[agarrett@cookeville-tn.gov](mailto:agarrett@cookeville-tn.gov)

**AMERICANS WITH DISABILITIES ACT (TITLE II) COMPLAINT FORM**

*The City of Cookeville ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, 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 Carl Sells, ADA/504 Coordinator at 931-520-5256, or Tennessee Relay by dialing 7-1-1.*

**I. COMPLAINANT INFORMATION**

Name of Complainant: \_\_\_\_\_  
Last First M

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Preferred Method(s) of Communication: (Check all that apply)

Voice Telephone TTY E-mail US Mail & Other: \_\_\_\_\_

**II. DESCRIBE YOUR COMPLAINT OF DISCRIMINATION BASED UPON DISABILITY.**

Be specific and give date (s), time (s), and location (s). Use the reverse side of this sheet or attached pages, if needed.

**III. PERSONS NAMED IN YOUR COMPLAINT.**

List the names of (or describe) all persons involved in your complaint. Indicate the job title and City Agency, department or division of City employees, if possible.

**IV. WITNESS TO YOUR COMPLAINT.** List the names of (or describe) all persons involved in your complaint. Indicate the job title and City Agency, department or division of City employees, if possible.

**V. EVIDENCE AND DOCUMENTATION.** List and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

**VI. CASE REMEDY AND/OR RESOLUTION.** What suggested remedies or resolutions are you seeking?

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: \_\_\_\_\_

Investigator's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Date Filed: \_\_\_\_\_

Complaint Status: \_\_\_\_\_

The completed form must be submitted to:

Amy Garrett, ADA/504 Coordinator  
45 East Broad Street  
Cookeville, TN 38501  
Phone: 931-520-5256  
Tennessee Relay: 7-1-1  
[agarrett@cookeville-tn.gov](mailto:agarrett@cookeville-tn.gov)

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**CERTIFICATION: I hereby certify that the information and statements above are true.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If person needing accommodation is not the individual completing this form, please provide

Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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