



**ADA COMPLAINT CONCERNING ACCESS TO A CITY
FACILITY, PROGRAM, SERVICE, OR ACTIVITY**

The Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act of 1973 prohibit discrimination on the basis of disability with respect to the facilities, programs, services, and activities of state and local governments. If you believe you or someone else has been discriminated against on the basis of disability by the City, a City official, employee, or contractor, or a City subrecipient of federal funds, you may file a complaint by completing this form and submitting it to:

Robert Holtz, Chief Building Official
111 West Vine Street, Murfreesboro, TN 37130
Telephone: (615) 893-3750 * Facsimile: (615) 217-3016 * Email: rholtz@murfreesborotn.gov.

Alternatively, complaints may be submitted to the City Manager. If you need assistance completing this form, please contact the City's Chief Building Official. Copies of the City's ADA complaint procedure are available online at <http://www.murfreesborotn.gov/ADAComplaintProcedures>.

The City's complaint procedure is an administrative process that does not provide for compensatory or punitive damages. This process is not exclusive, as you may also choose to file a complaint with a state or federal agency or the courts. Other agencies will have time limits for filing complaints. Generally, federal agencies require Title II complaints to be filed within 180 days of the date of the discrimination.

SECTION A: Complainant's contact information (Please Print.)

Name: _____
Address: _____
Day Time Telephone: _____ E-mail: _____
Cell Phone: _____ Work Phone: _____
Relationship to person requiring an accommodation: _____

SECTION B: Person subjected to discrimination (if different from Complainant)

Name: _____
Address: _____
Day Time Telephone: _____ E-mail: _____
Is the person who is or was subjected to discrimination under the age of 18? Yes No

SECTION C: Please provide the following information about the alleged discrimination.

This complaint concerns access to or participation in a City (check all that apply):

- Building/Facility Program Service Activity

Name(s) of City department(s), official(s), employee(s), contractor(s), or subrecipient(s) of federal funds that you allege engaged in discrimination: _____

Name of City facility, program, service, or activity at issue: _____

When and where did the alleged discrimination occur? _____

Names of individuals, including City officials or employees, who witnessed the alleged discrimination: _____

Please explain what occurred, who was involved, why you believe it occurred, and how you (or another person) were discriminated against. Please provide as much detail as possible and attach additional sheets as needed. If there are any relevant written records, please attach copies of those records.

What do you suggest the City to resolve this issue problem? Please be specific and recommend alternative solutions. You may attach additional sheets as needed. _____

SIGNATURE (The City will not accept unsigned complaints.)

Complainant's Signature

Date

STAFF USE ONLY: Received by: _____ Date: _____