

**CITY OF JACKSON ADA GRIEVANCE 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  
LEON MCFARLIN, ADA COODINATOR  
125 E. MAIN STREET SUITE 302  
JACKSON, TENNESSEE 38301  
(731) 425-8277
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: \_\_\_\_\_