



Tennessee Department of Children's Services
Americans with Disabilities Act (ADA) Complaint

Complainant's Name: _____

1. Address: _____

City, State and Zip Code: _____

Telephone Number(s): (Personal) _____ (Business) _____

2. Person discriminated against (if someone other than the complainant)

Name: _____

Address: _____

City, State and Zip Code: _____

3. What is the name and location of the institution, office or agency that you believe practiced discrimination?

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Names of person(s) you believe discriminated:

4. What best describes the reason you believe the discrimination took place?

Disability (specify):

5. What date did the alleged discrimination take place? Month/Date/Year _____

6. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. (Attach additional pages if necessary.)

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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Child/Youth's Case File

Youth Development Center Personnel Office (as applicable)

RDA SW03

Complainant's Name: _____

7. **Name, address, and telephone number of any possible witness(es) to the discriminatory incident:**

Name and title of the person who is handling the grievance procedure:

Name: _____

Title: _____

8. **Have you filed this complaint with any other Federal, State or local agency; or with any Federal or State Court?** Yes No

If yes, check all that apply:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

9. **Do you intend to file this complaint with another agency?** Yes No

If yes, when and where do you plan to file the complaint? _____

Date: _____

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10. Has this complaint been filed with this agency before? Yes No

If yes, when? Date: ____ / ____ / ____

11. Signature of Complainant: _____

~This section is to be completed by the Department of Children's Services~

Complaint received by: _____	Date: _____
Referred to: _____	Date: _____
_____ <i>Signature of ADA Coordinator</i>	

The Director of the Office of Civil Rights or Designee will provide a determination letter to the complainant and the alleged offender informing them of the outcome of any investigation conducted as result of this complaint being filed.

If you are not satisfied with the determination outcome of the investigation, you may file an appeal with the Commissioner or appointed Designee of The TN Department of Children's Services. For more information about the appeal process, please contact or send inquiries to:

**TN Department of Children's Services
Attention: ADA Coordinator
UBS Tower
315 Deaderick Street, 12th Floor
Nashville TN 37243
Phone: 615-532-5552 or Fax: 615-532-7602**

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