



OFFICE USE ONLY DATE COMPLAINT OPENED: _____ DATE COMPLAINT CLOSED: _____

CITY OF GERMANTOWN, TN TITLE I ADA GRIEVANCE FORM

The City of Germantown ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation 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 including all employment practices. To request an accommodation and/or an alternate format, please contact Lisa A. Piefer, ADA/504 Coordinator at 901-757-7288.

Instructions: Please complete and sign the form and email or mail it to the City within 60 calendar days of any incident to:

ADA/504 Coordinator – Lisa A. Piefer

Physical address:

Lisa A. Piefer, ADA Coordinator
Procurement Director
1930 S. Germantown Road
Germantown, TN 38138

Phone: 901-757-7288
Email: Lpiefer@Germantown-TN.gov

1. Type of Grievance (check all that apply):

- Accommodation Request
- Program/Service
- Facility Accessibility
- Other: _____

CONTACT INFORMATION

2. Reporting Individual:

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

3. Authorized Representative of Reporting Individual (if any):

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

DETAILS OF COMPLAINT / INCIDENT

4. Date/Time of Incident: _____

5. Department/Facility/Location Involved:

6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:

7. Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.

8. Remedy Sought. What action do you want taken?

Signature

Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the City's ADA Coordinator at:

Physical address:

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