

Town of Arlington

5854 Airline Road
PO Box 507
Arlington, TN 38002



P: 901.867.2620
F: 901.867.2638

Americans with Disabilities Act Complaint/Assistance Form

Mail or Hand Deliver your completed form to:

Town of Arlington
ADA Coordinator/EEO
5854 Airline Road
P.O. Box 507
Arlington, TN 38002

This form may be used by non-city employees to file a complaint with the Town of Arlington ADA Coordinator based on violations of Title II of the Americans with Disability Act and Section 504 of the Rehabilitation Act of 1973. You are not required to use this form, a letter that provides the same information may be submitted to file your complaint.

Name: _____

Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Individual(s) involved in complaint, if different than above (use additional pages if needed).

Name: _____

Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Please explain your relationship with the individual(s) indicated above:

Name of Town of Arlington Department or program involved in deficiencies:

Name(s) of individual(s) and/or position title (if known) that involved in the complaint:

Date(s) of alleged complaint: _____

