City of Hohenwald

ADA Discrimination Complaint

1. Name (Complainant):	Phone:	3. Home Address (Street #, City, State, Zip):
4. If applicable, Name of person(s) who allegedly discriminated against you:		
5. Date of alleged incident:	6. Location and position of person(s) if known:	

7. Discrimination because of:

( ) Race/Color	( ) Sex (includes sexual harassment)	( ) Vietnam Era Veteran
( ) National Origin	( ) Sexual Orientation	( ) Disabled Veteran
( ) Creed/Religion	( ) Martial Status	( ) Retaliation
( ) Disability	( ) Age	

8. Briefly explain in detail what happened and how you believe you were discriminated against.
Indicate all who was involved and how you feel others were treated differently than you. Please also attach any written materials pertaining to the incident.

9. Why do you believe these events occurred?

10. What other information do you think is relevant to the investigation?

11. How can this be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses, fellow employees, supervisors and/or others:

Name:	Job Title:	Phone Number:	Address:

Signature:	Date: