



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

## TOWN OF OAKLAND, TN TITLE II ADA GRIEVANCE FORM

*The Town of Oakland 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 Nancy Jackson, ADA/504 Coordinator at 901-465-8523, Human Resource.*

**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 – Nancy Jackson**

*Physical address:*

Nancy Jackson, ADA Coordinator  
Human Resources  
170 Doss Circle  
Oakland, TN 38060

Phone: 901- 465-8523  
Email: njackson@oaklandtn.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:	



**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:*

Nancy Jackson, ADA/504  
Human Resource  
170 Doss Circle  
Oakland, TN 38060

Phone: 901-465-8523  
Email: [njackson@oaklandtn.gov](mailto:njackson@oaklandtn.gov)