

# City of Lewisburg, Tennessee

## ADA Grievance Form

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**Instructions: Please complete and sign the form and submit it within 60 calendar days of any incident to:**

**ADA Coordinator – Lueshell Taylor**

*Physical address:*

131 E. Church Street  
Lewisburg, TN 37091

Phone – 931-359-1544

TTY/TDD: 711 or

1-800-848-0298 (State Relay Service Number (VOICE))

Fax: 931-359-7055

Email – [lueshell.taylor@lewisburgtn.gov](mailto:lueshell.taylor@lewisburgtn.gov)

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

Accommodation Request

Program/Service

Facility Accessibility

Other: \_\_\_\_\_

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### 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 of Lewisburg's ADA Coordinator at:

*Physical address:*

City of Lewisburg ADA Coordinator  
131 E. Church Street  
Lewisburg, TN 37091

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