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## BEDFORD COUNTY TENNESSEE

### CHAD D. GRAHAM - COUNTY MAYOR

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#### BEDFORD COUNTY GRIEVANCE FORM

**I. COMPLAINANT INFORMATION**

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method/s of Communication: (Check all that apply)

Phone  TTY  Email  US Mail  Other: \_\_\_\_\_

**II. DESCRIBE YOUR COMPLAINT OF DISCRIMINATION BASED UPON DISABILITY**

Be specific & give dates/, time/s, & location/s. Use the reverse side of this form or attach pages if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. PERSONS NAMED IN YOUR COMPLAINT**

List names or describe all persons involved in your complaint. Indicate the job title & County agency, department/division of County employees if possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. WITNESSES TO YOUR COMPLAINT**

List names or describe all persons involved in your complaint. Indicate the job title & County agency, department/division of County employees if possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. EVIDENCE & DOCUMENTATION**

List & provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

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**VI. CASE REMEDY &/OR RESOLUTION**

What remedies/resolutions are you seeking?

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**CERTIFICATION: I hereby certify that the information & statements above are true.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If person needing accommodation is not the individual completing this form, please provide:

Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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For more information or assistance with completing this form, please contact the County ADA Coordinator, John Boutwell, at [john.boutwell@bedfordcountytn.org](mailto:john.boutwell@bedfordcountytn.org)  
Phone: 931.684.2105