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BEDFORD COUNTY TENNESSEE

CHAD D. GRAHAM - COUNTY MAYOR

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.

VI. CASE REMEDY &/OR RESOLUTION

What remedies/resolutions are you seeking?

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

Phone: _____ Email: _____

For more information or assistance with completing this form, please contact County Title VI Coordinator, Anna Frazier, at email anna.frazier@bedfordcountyttn.org or phone 931-684-7944.