



ADA Complaint Form
Americans with Disabilities Act, Title II
Rehabilitation Act of 1973, Section 504

Send completed from to:
ADA Coordinator
City of Pigeon Forge, TN
PO BOX 1350
Pigeon Forge, TN 37868

Instructions: Please fill out this form
completely. Sign the form and send it to the
City Hall, City of Pigeon Forge

1. Person Reporting Complaint: _____
2. Address: _____
3. City, State, Zip Code: _____
4. Telephone or Mobile Phone number: _____
5. When did the incident at issue happen (date and approximate time)? _____
6. Where did the incident at issue occur? _____
7. City Department/Area name? _____
8. Address: _____
9. City, State, Zip Code: _____
10. Telephone _____

11. Please describe the incident, situation, encounter or matter of concern. Include names, locations, times and any other relevant, specific information, as possible, to explain and detail this complaint.

12. Was the relevant City Department, ADA Coordinator contacted? _____

13. Describe any previous efforts to resolve this complaint (if applicable).

Signature of person who completed this form: _____

Printed name: _____

Date: _____