



## APPENDIX C:

### Grievance Procedure

**CITY OF MILLINGTON  
GRIEVANCE PROCEDURE UNDER  
THE AMERICANS WITH DISABILITIES ACT – TITLE I**

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provisions of employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

John Trusty, ADA/504 Coordinator  
7930 Nelson Road  
Millington, TN 38053  
Phone: 901-873-5632  
Fax: 901-873-5636  
Tennessee Relay: 7-1-1  
[j.trusty@millingtontn.gov](mailto:j.trusty@millingtontn.gov)

Within 15 calendar days after receipt of the complaint, the ADA/504 Coordinator will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA/504 Coordinator will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City and offer options for substantive resolution of the complaint.

If the response by the ADA/504 Coordinator does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision, in writing, within 15 calendar days after receipt of the response to the **City Manager's Office**.

City Manager's Office  
7930 Nelson Road  
Millington, TN 38053  
Phone: XXX-XXX-XXXX  
Fax: XXX-XXX-XXXX  
Tennessee Relay: 7-1-1  
[Email Address](#)

Within 15 calendar days after receipt of the appeal, the City Manager's Office will contact the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the discussion, the City Manager's Office will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA/504 Coordinator, appeals to the **City Manager's Office**, and responses from these two offices will be retained by the City of Millington for at least three (3) years.

*Please note, the use of these procedures does not prohibit anyone from filing a complaint or an appeal with the Tennessee Human Rights Commission, U.S. Equal Employment Opportunity Commission and the U.S. Department of Justice.*

## AMERICANS WITH DISABILITIES ACT (TITLE I) COMPLAINT FORM

The City of Millington 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 John Trusty, ADA/504 Coordinator at 901-873-5632, or Tennessee Relay by dialing 7-1-1.

Date of Filing: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Date of Alleged Incident: \_\_\_\_\_



Indicate below the person(s) who you believe discriminated against you:

Name(s): \_\_\_\_\_

Work Location: \_\_\_\_\_

Work Phone:

Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

Please provide a suggested detailed plan or remedy for this complaint. Attach additional pages as necessary.

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Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

Yes       No

If so, please provide the following information:

Agency Name: \_\_\_\_\_

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

Name of Investigator: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date Filed: \_\_\_\_\_

Status of Complaint: \_\_\_\_\_

**Please attach and/or provide any additional information that might be useful in processing your complaint.**

The completed form must be submitted to:

John Trusty, ADA/504 Coordinator  
7930 Nelson Road  
Millington, TN 38053  
Phone: 901-873-5632  
Fax: 901-873-5636  
Tennessee Relay: 7-1-1  
[j.trusty@millingtontn.gov](mailto:j.trusty@millingtontn.gov)

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Signature

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Date