

Submittal Date:



ADA GRIEVANCE FORM

Name:

Address:

Phone Number:

Email:

ADA COMPLINANCE ISSUE

Date of Grievance:

Location of Issue:

Description of Issue:

***Please attach additional pages if needed**

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 30 calendar days after the alleged violation to:

City of Dublin
ATTN: Dwayne Greer, ADA Coordinator
100 S. Church St.
P.O. Box 690
Dublin, GA 31040