

STATE OF GEORGIA
Georgia Forestry Commission

ADA/504 COMPLAINT FORM

The purpose of the ADA/504 Grievance Procedure is to promptly and fairly resolve a conflict or dispute when an individual believes that an agency is not in compliance with its requirements under the Americans with Disabilities Act and [Section 504 of the Rehabilitation Act of 1973] and implementing regulation 28 C.F.R. 35.107.

This Grievance Procedure is *informal*. No individual is required to utilize this procedure and may directly file a formal complaint with the respective enforcement agency as permitted under law.

For those individuals that wish to file a complaint under this Grievance Procedure, please fill out this form completely, printing in black ink or typing. Be sure to sign at the end of the form. When completed, the form should be sent to the address on page 3.

Section I

Name of person with complaint: _____

Home/cell phone: _____

Work/other phone: _____

Address: _____

E-mail Address: _____

Please indicate the type of complaint:

Employment related

Access to programs, services or activities of the Georgia Forestry Commission

If your complaint is employment related, please complete Section II. Otherwise, go to Section III.

(continued on next page)

**STATE OF GEORGIA
Georgia Forestry Commission
ADA/504 Complaint Form (cont.)**

Section II

___ I am an employee of the Georgia Forestry Commission

___ I am **not** an employee of the Georgia Forestry Commission

If you are a Georgia Forestry Commission employee, please answer the following questions.
Otherwise, go to Section III.

Job Title: _____ Supervisor: _____

Work Location: _____ Work Phone: _____

Work E-Mail Address (to contact you): _____

Section III

When did the acts that you believe were discriminatory occur? Date(s):

Please describe the act(s) that you believe were discriminatory. Please be specific. Use additional sheets if necessary.

(Continued on next page)

**STATE OF GEORGIA
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ADA/504 Complaint Form (cont.)**

Signature

Date

Please return this completed form to:

GFC ADA Coordinator/Human Resources Office
6835 James B. Rivers/Memorial Drive
Stone Mountain, GA 30083

HR@gfc.state.ga.us

Fax – 678-476-6230

The Agency ADA Coordinator/Human Resources Office will schedule a meeting (in person or via telephone) within 10 working days after receipt of the completed complaint form. The purpose of the meeting will be to fairly resolve the complaint.

If a satisfactory resolution to the complaint is reached at the meeting, a letter will be forwarded to you that details (a) a description of the complaint; and (b) how the complaint was resolved.

If the agency is unable to resolve the complaint, you will be notified in writing why the agency was unable to resolve the complaint. Such notification shall include (a) a description of the complaint; (b) a statement concerning the issues which could not be resolved; and (c) the steps necessary to file a formal complaint with the appropriate enforcement agency.

If the agency is unable to resolve the complaint, you may request a review of the complaint by the GFC's Director, or his designee. You must request this review within 10 working days of the time you received written notification that the agency was unable to resolve your complaint.

The review will be completed within 15 working days after receipt of the written review request. The Director, or his designee, will issue a written response to your review request. If the Director, or his designee, finds that the complaint can be resolved, he/she will work with the ADA Coordinator/Human Resources Office towards a satisfactory resolution to the complaint.

If the Director, or his designee, is not able to resolve the complaint, you will be advised of the steps necessary to file a formal complaint with the appropriate enforcement agency.