

	E USE ONLY	
DATE	COMPLAINT O	PENED:
DATE	COMPLAINT CL	LOSED:

CITY OF EAST POINT, GEORGIA TITLE II ADA GRIEVANCE FORM

The City of East Point 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 administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Jackie Richards, Risk Manager and ADA Coordinator, at 404-669-4359.

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Instructions: Please complete and sign the form and email or mail it to the City within 60 calendar day of any incident to:					
of any incident to: ADA Coordinator – Jackie Richards					
Physical address:					
Jackie Richards, ADA Coordinator Risk Manager 2757 East Point St. East Point, Georgia 30344	Phone: 404-669-4359 Email: jrichards@EastPointCity.org				
1. Type of Grievance (check all that ap	oply):				
Accommodation Request					
Program/Service					
Facility Accessibility					
Other:					
CONTA	CT INFORMATION				
2. Reporting Individual:					
Full Name:					
Address:					
City, State, Zip code:					
Phone:	Alternate Phone:				
Email:					

3. Authorized Representative of Reporting Individual (II any):						
Full Name:						
Address:						
Ci	City, State, Zip code:					
Ph	one:	Alternate Phone:				
En	Email:					
DETAILS OF COMPLAINT / INCIDENT						
4. Date/Time of Incident:						
5.	5. Department/Facility/Location Involved:					
6.	6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:					
7.	7. Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.					

8. Remedy Sought. What action do you want taken?				
a:	<u> </u>			
Signature	Date			
Attach additional pages as necessary. If yo about this form, please contact the City's Al	u need assistance, require an accessible format, or have questions DA Coordinator at:			
Physical address:				
Jackie Richards, ADA Coordinator	Phone: 404-669-4359			
Risk Manager	Email: jrichards@EastPointCity.org			
2757 East Point St.				
East Point, Georgia 30344				