TITLE II of the Americans with Disabilities Act

Section 504 of the Rehabilitation Act of 1973

Discrimination Complaint Form

Instructions: Please fill out this form completely, sign and return to:
City of Snellville
ADA Coordinator
2342 Oak Road
Snellville, GA 30078
marnold@snellville.org

Complainant:

Address: _____

City, State _____

Telephone: Home: _____ Business:_____

Cell: _____

Person Discriminated Against (if other than complainant) _____

Address: _____

City, State _____

Telephone: Home: _____ Business:_____

Cell: _____

City government department, facility, or program which you believe has discriminated:

Name: _____

Address: _____

City, State: _____

Telephone: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) (when possible) of the individuals who discriminated:

_____

_____

_____

Have efforts been made to resolve this complaint before submission of this form?

YES _____ NO _____

If yes, please provide details.

_____

_____

_____

Signature: _____ Date: _____

ADA REPRESENTATIVE *For internal use and completion by the City of Snellville.*

Date Received: _____ By: _____

Investigative process and findings:

_____

_____

_____

Proposed Resolution:_____

_____

_____

☐ Accepted as resolution by complainant.

Date:_____

Name:_____

Signature:_____

ADA Coordinator Signature: _____

Date: _____

*if necessary* Date Referred to ADA Committee: _____

SECOND LEVEL - ADA COMMITTEE

Date received: _____

Members of the Review Panel:

_____

_____

_____

Date hearing conducted: _____

Comments:

_____

_____

_____

Action Taken and Documentation:

_____

_____

_____

Attach any supporting documentation.