**STATE OF GEORGIA**

**Georgia Department of Administrative Services**

**ADA GRIEVANCE PROCEDURE - COMPLAINT FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Please describe the act(s) that you believe were discriminatory.

Please be specific. Use additional sheets if necessary.

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Signature (can be electronic) Date