

**GORDON COUNTY GOVERNMENT
ADA GRIEVANCE FORM**

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Location of problem: _____

Date noticed: _____

Description of problem:

Signature & Date

***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:

**Gordon County Board of Commissioners
Human Resources Department
ATTN: ADA Coordinator David Gibson
201 North Wall Street, Calhoun Georgia 30701**
