

**STATE OF GEORGIA**  
**State ADA Coordinator's Office**

**ADA GRIEVANCE PROCEDURE**

The purpose of the ADA Grievance Procedure is to promptly and fairly resolve a conflict or dispute when an individual believes that the State ADA Coordinator's Office is not in compliance with its obligations under the Americans with Disabilities Act 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 the State ADA Coordinator's Office's Grievance Procedure, the complaint should be submitted as soon as possible, preferably within sixty (60) calendar days of the alleged violation to:

Stacey Valrie Peace  
State ADA Coordinator  
State ADA Coordinator's Office  
Third Floor  
270 Washington St.  
Atlanta, Georgia 30334  
[stacey.peace@gsfic.ga.gov](mailto:stacey.peace@gsfic.ga.gov)

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. The State ADA Coordinator's Office will schedule a meeting (in person or via telephone) within fifteen (15) 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 within ten (10) working days that states: (a) the description of the complaint; and (b) how the complaint was resolved.

If the State ADA Coordinator's Office is unable to resolve the complaint, you will be notified in writing within fifteen (15) working days as to why the office 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.

Depending on the nature of the grievance, Grievance Procedure documents will be retained by the State ADA Coordinator's Office in accordance with the State of Georgia Government Records Retention Schedule which can be accessed by visiting [https://www.georgiaarchives.org/records/state\\_government/](https://www.georgiaarchives.org/records/state_government/).

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**ADA GRIEVANCE PROCEDURE - COMPLAINT FORM**

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

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

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

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

\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (can be electronic)

\_\_\_\_\_

Date