

STATE OF GEORGIA
Henry County Courts System

AMERICANS WITH DISABILITIES ACT (ADA) /
SECTION 504 OF THE REHABILITATION ACT

ADA COMPLAINT FORM

The purpose of the ADA/Section 504 Grievance Procedure is to attempt to promptly and fairly resolve a conflict or dispute when an individual believes that the agency is not in compliance with its requirements under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 and implementing regulation 28 C.F.R. 35.107.

This Grievance Procedure is *informal*. An individual's participation in this informal process is completely voluntary. Individuals choosing not to utilize this grievance procedure 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 Henry County Courts System's Grievance Procedure, please complete this complaint form and return to the ADA Coordinator for the Court in which you are making a complaint.

Section I

Name: _____ Home Telephone: _____

Work Telephone: _____

Address: _____ E-mail Address: _____

Please indicate the type of complaint:

___ Access to programs, services or activities of the court.

___ Other

Section II

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

Date

Please return this completed form to the ADA Coordinator. The ADA Coordinator will schedule a meeting (in person or via telephone) within five (5) 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 identifying (a) the description of the complaint; and (b) how the complaint was resolved.

If we are unable to resolve the complaint, you will be notified in writing why your complaint could not be resolved. Such notification shall include (a) a description of the complaint; (b) a statement concerning the issues that could not be resolved; and (c) the steps necessary to file a formal complaint with the appropriate enforcement agency.

If your complaint is not resolved, you must request review within ten (10) working days of the time you received written notification that the agency was unable to resolve your complaint. The request for review may be filed with the ADA Coordinator who will be responsible for forwarding it to the appropriate Court official responsible for reviewing complaints.

The review will be completed within five (5) working days after receipt of the written review request. If the complaint can be resolved, the ADA Coordinator will be directed to work towards a satisfactory resolution to the complaint. If the complaint cannot be resolved, you will be advised of the steps necessary to file a formal complaint with the appropriate enforcement agency.