

# FORSYTH COUNTY GOVERNMENT ADA GRIEVANCE FORM

This form may be used by any member of the public or guest of Forsyth County Government to file a formal grievance against Forsyth County Government for an unfair or unjust act as related to an individual with a disability. All filed ADA grievance's will be governed in accordance with the Forsyth County Government ADA Grievance Process.

Within seven (7) days, not to exceed fifteen (15) calendar days after receipt of the grievance, barring exigent or extreme circumstances, the ADA Coordinator will meet either in person or remotely, if necessary, with the Grievant to discuss the grievance and possible resolutions.

#### Please submit this completed form to the Forsyth County ADA Coordinator at:

Address: Department of Public Facilities

Attn: ADA Coordinator

514 West Maple Street, Suite 1201 Cumming, Georgia 30040

Email: adacoordinator@forsythco.com

elephone - Office:	Cell:	Email:	
f the Grievant is not the individ		, please complete below:	
elationship to reporting indivi	idual:		
elephone - Home:	Cell:	Email:	
re you represented by an atto	orney? if yes, provide the	r name and contact information	
Are you represented by an atto	orney? if yes, provide the	r name and contact information	

## Section 1

independent contractor, or third-party vendor please fill out Section 3.

Use this section to file a grievance based on a reasonable accommodation request

with a disabled person by a Forsyth County Government employee, supervisor, manager, county official, volunteer,

Accommodations Request Form been filed? YES NO
On what date was the accommodation requested?
Who did you initially submit the accommodation request to?

What accommodation was requested?	
Please state how the program, service, facilit	ies, or activity is inaccessible to you without an accommodation.
Please select from the following accommoda  [] Wheelchair access  [] Modification of policy or procedures	tion(s) that will allow you full access to the program, service, or activity:  [ ] Mobility impairment accommodation  [ ] Assistive listening device
[] Written material in alternate format	[] Sign language interpreter
[] Other:	
What reasonable accommodations do you be Government programs, services, facilities, or	elieve will best support you to facilitate equal access to Forsyth County activities?
	<del></del>
Please provide any additional details that ma	y support or assist in the grievance process:
	<del></del>

### Section 2

#### Use this section to file a grievance based on a structural barrier and/or lack of assistive device

Is the grievance based on a structural barri YES NO	er and/or lack of assistive device that prevents access or use of an area?
What does the structural barrier and/or lac	ck of assistive device prevent you from being able to accomplish?
Please select the structural barrier:	
[] Non-accessible parking	[] Non-accessible route from parking to facility
[] Inaccessible doorway	[] Protruding objects within facility
[] Inaccessible service counter	[] Inaccessible classroom, office, or meeting room
[] Inaccessible restroom	[] Lack of proper signage
[] Website inaccessibility	[] Other:
Please state the location of the structural b	parrier or lack of assistive device:
Please provide your recommendation on h and/or lack of assistive device:	ow Forsyth County Government could remove or modify the structural barrier
	Coults of
Use this section to file a grievance due to a	Section 3 n act of discrimination based on a disability, perceived disability, or
<del>-</del>	prsyth County Government employee, supervisor, manager, county official,
volunteer, independent contractor, or third	d-party vendor
Is the grievance based on an act of disabilit Government?	ry discrimination by a person who is an employee of Forsyth County
YES NO	

best is possible, a physical description on the individual, such as height, weight, hair color, clothing worn, etc.
Name:
Position:
Department:
Description:
Is the grievance based on an act of disability discrimination by a person who is an independent contractor, volunteer, or third-party vendor performing work, services, or providing materials and/or supplies for Forsyth County?
YES NO
If so, please state the person's name, if known, and if not known provide, as best is possible, a physical description on the individual, such as height, weight, hair color, clothing worn, etc. and/or name of company, contractor, or third-party vendor they work for.
Name/description:
Name of Company/Contractor/3 <sup>rd</sup> party vendor:
Name and contact information of any witness present (indicate if they are a Forsyth County Government Employee and which department they work in, or if they are an independent contractor, volunteer, third party vendor, or member of the public) who saw or heard the alleged act of discrimination
Did you report the discrimination? If yes, to who and when (date, time)?
Do you believe that offender knowingly discriminated against you based on your disability? YES NO
At the time of the act of discrimination, did you inform the offender that they were violating your rights as an individual with a disability? YES NO

If so, please state the employees name, position, and corresponding department if known, and if not known provide, as

Please give specific details about the act of discrimination.
Please provide your recommendation on how to resolve this issue.