



FORSYTH COUNTY GOVERNMENT ADA Grievance Form

*Please attach additional pages, if needed.

Name: _____

Address: _____

City/State: _____ **Zip:** _____

Phone Number: _____

Email Address: _____

Location of Problem: _____

Date Noticed: _____

Description of Problem: _____

Signature _____ **Date:** _____

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 180 calendar days after the alleged violation to:

Forsyth County Board of Commissioners
ADA Coordinator
110 East Main Street
Cumming, GA 30040
adacoordinator@forsythco.com