City of Jasper
200 Burnt Mountain Road
Jasper, GA 30143
Phone: 706-692-9100
www.jasper-ga.us

City of Jasper
ADA Grievance Form

NAME: _____

ADDRESS: _____

_____

PHONE #: _____

EMAIL ADDRESS: _____

Location of problem (If applicable): _____

_____

Date Noticed: _____

Nature of Grievance:

_____

_____

_____

_____

_____

_____

Please attach additional pages if needed

This grievance form 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:

City of Jasper
Deputy City Manager/ADA Coordinator
200 Burnt Mountain Road
Jasper, GA 30143
706-692-9100

FOR OFFICE USE ONLY:

Date Received by ADA Coordinator: _____

Date Interview conducted by ADA Coordinator: _____

Investigative process and findings of ADA Coordinator: _____

_____

_____

_____

_____

_____

Action Taken: _____

_____

Deputy City Manager/ADA Coordinator Signature: _____

Notification to Grievant: _____

Date Appeal Received by City Manager: _____

Action Taken by City Manager: _____

_____

_____

Date of Final Resolution: _____

City Manager Signature: _____

Grievant Signature*: _____

Signature of Grievant indicates receipt of final disposition only