

## **APPENDIX C**

### **SAMPLE GRIEVANCE PROCEDURE**

**STATE OF GEORGIA**  
**[Agency Name]**

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

**GRIEVANCE PROCEDURE**

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 [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. If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact [contact person].

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 [agency's] Grievance Procedure, please take the following steps:

1. Complete the complaint form and return to [Agency ADA Coordinator/designated Agency representative].
2. The [Agency ADA Coordinator/designated Agency representative] will schedule a meeting (in person or via telephone) within [xx] working days after receipt of the completed complaint form. The purpose of the meeting will be to explore ways to fairly resolve the complaint. Upon the mutual agreement of the parties, additional meetings may be scheduled if necessary to reach an equitable resolution of the complaint.
3. If a satisfactory resolution to the complaint is reached at the meeting(s), a letter will be forwarded to you that identifies (a) description of the complaint; and (b) the terms of the agreed upon resolution.

If the agency is unable to resolve the complaint, you will be notified in writing why the agency 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.

(continued)

**STATE OF GEORGIA [Agency]  
AMERICANS WITH DISABILITIES ACT (ADA) /  
SECTION 504 OF THE REHABILITATION ACT**

**GRIEVANCE PROCEDURE**

*Additional Steps:*

4. If the agency is unable to resolve the complaint, you may request a review of the complaint by [department/agency head]. You must request this review within [xx] working days of the time you received written notification that the agency was unable to resolve your complaint.
  
5. The review will be completed within [xx] working days after receipt of the written review request. [Department/agency head] will issue a written response to your review request. If [Department/agency head] finds that further discussions may lead to an equitable resolution, he/she will work with the [ADA Coordinator/designated Agency representative] to achieve a satisfactory resolution to the complaint.

If the [department/agency head] is not able to resolve the complaint, you will be advised of the steps necessary to file a formal complaint with the appropriate enforcement agency.

**STATE OF GEORGIA**  
**[Agency Name]**

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

**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 [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 [agency's] Grievance Procedure, please complete this complaint form and return to [Agency ADA Coordinator/designated Agency representative].

***Section I***

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Please indicate the type of complaint:

Employment related

Access to programs, services or activities of [agency]

If your complaint is employment related, please complete Section II. Otherwise, go to Section III.

(continued on next page)

**STATE OF GEORGIA [Agency Name]  
AMERICANS WITH DISABILITIES ACT (ADA) /  
SECTION 504 OF THE REHABILITATION ACT**

**COMPLAINT FORM (continued)**

***Section II***

\_\_\_ I am an employee of [agency]

\_\_\_ I am not an employee of [agency]

If you are an [agency] employee, or applicant for employment please answer the following questions. Otherwise, go to Section III.

Your Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Work E-Mail Address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

***Section III***

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**STATE OF GEORGIA**

[Agency Name]

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

**COMPLAINT FORM (continued)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this completed form to [Agency ADA Coordinator/Human Resources Office]. The [Agency ADA Coordinator/Human Resources Office] will schedule a meeting (in person or via telephone) within [xx] 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 that identifies (a) description of the complaint; and (b) how the complaint was resolved.

If the agency is unable to resolve the complaint, you will be notified in writing why the agency 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.

If the agency is unable to resolve the complaint, you may also request a review of the complaint by [department/agency head]. You must request this review within [xx] working days of the time you received written notification that the agency was unable to resolve your complaint.

The review will be completed within [xx] working days after receipt of the written review request. [Department/agency head] will issue a written response to your review request. If [Department/agency head] finds that the complaint can be resolved, s/he will work with the [ADA Coordinator/Human Resources Office] towards a satisfactory resolution to the complaint.

If the [department/agency head] is not able to resolve the complaint, you will be advised of the steps necessary to file a formal complaint with the appropriate enforcement agency.