Morgan County Disability Access Office
P.O. Box 1357
150 East Washington Street, Suite 200
Madison, Georgia 30650
(706) 342-4373 Office (706) 343-6455 Fax

ADA Formal Written Complaint

Please print legibly.

Reporting Individual: _____ Date of Request: _____

Address: _____

City, State and Zip: _____

Telephone Number: _____ Business Phone: _____

Other Contact Information: _____

If person needing accommodation is not the individual completing this form, please complete below:

Name: _____ Telephone Number: _____

Other Contact Information: _____

Program/Facility to be Inaccessible: _____

When did the situation occur (date)? _____

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation, and any documentation or photographs supporting the incident:

_____

_____

_____

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator?
Yes No

If yes, what were the results? _____

_____

How do you suggest this issue be remedied? _____

_____

Signature: _____ Date: _____

Planning and Development Representative: _____

Date: _____