



**City of Cornelia
ADA GRIEVANCE FORM**

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Location of problem: _____

Date noticed: _____

Description of problem:

Signature & Date

**Please attach additional pages if needed*

The complaint 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 Cornelia
Human Resources Department, ATTN: ADA Coordinator
P.O. Box 785, Cornelia, Ga. 30531