

**Clayton County Department of Parks and Recreation**

**ADA Compliance Grievance Form**

**Title II of the Americans with Disabilities Act**

**Section 504 of the Rehabilitation Act of 1973**

Instructions: Please complete this form completely. Sign and return to the address below:

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Other Contact Phone Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Describe the acts of discrimination, please include names of all parties involved. (Use additional sheets of paper if necessary.)

Do you intend to file with another agency or court? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please list the agency or court. \_\_\_\_\_

Address:  
\_\_\_\_\_

City, State, and Zip Code:  
\_\_\_\_\_

Telephone Number:  
\_\_\_\_\_

Name of Contact:  
\_\_\_\_\_

Complainant Signature:  
\_\_\_\_\_

Date:  
\_\_\_\_\_

Return to:  
Clayton County Department of Parks and Recreation  
Office of the Director  
2300 Hwy. 138 SE

Jonesboro, GA 3036

**For Office Use Only**

Date of Interview: \_\_\_\_\_

Name of person (s) Interviewed: \_\_\_\_\_

Investigative process and findings:  
\_\_\_\_\_

Action Taken:  
\_\_\_\_\_

Additional Comments:  
\_\_\_\_\_

Interviewer's Signature:  
\_\_\_\_\_

Interviewer's Title:  
\_\_\_\_\_