

STATE OF GEORGIA
Georgia State Financing and Investment Commission

ADA GRIEVANCE PROCEDURE

The purpose of the ADA Grievance Procedure is to promptly and fairly resolve a conflict or dispute when an individual believes that Georgia State Financing and Investment Commission (GSFIC) is not in compliance with its requirements under the Americans with Disabilities Act and implementing regulation 28 C.F.R. 35.107.

This Grievance Procedure is *informal*. No individual is required to utilize this procedure and 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 GSFIC's Grievance Procedure, complete the complaint form and return to:

Stacey Valrie Peace
State ADA Coordinator
State ADA Coordinator's Office
Third Floor
270 Washington St.
Atlanta, Georgia 30334
stacey.peace@gsfic.ga.gov

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. GSFIC's ADA Coordinator will schedule a meeting (in person or via telephone) within three 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 states: (a) the 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.

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ADA GRIEVANCE PROCEDURE - COMPLAINT FORM

Name:

Address:

Home Telephone:

Work Telephone:

Mobile Telephone:

E-mail Address:

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.

Signature (can be electronic)

Date