



CITY OF Kingsland

ADA GRIEVANCE FORM

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Location of problem: _____

Date noticed: _____

Description of problem:

****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 Kingsland
Human Resources Department
ATTN: ADA Coordinator
P.O. Box 250
107 South Lee Street
Kingsland, GA 31548
912-729-5613