# BANKS COUNTY BOARD OF COMMISSIONERS

150 HudsonRidge Suite One

Homer, Ga. 30547

706-677-6800

# Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Instructions: Please fill out this form completely, sign and return to:

Banks County ADA Coordinator

Banks County Board of Commissioners

150 Hudson Ridge Suite One

Homer, GA 30547

706-677- 6800

Complainant:

Address:

City, State, Zip Code:

Telephone: Home: Business: Cell:

Person Discriminated Against (if other than complainant)

Address:

City, State, Zip Code:

Telephone: Home: Business: Cell:

County government department, facility, or program which you believe has discriminated: Name:

Address:

City, State, Zip Code:

Telephone:

When did the discrimination occur? Date:

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

Have efforts been made to resolve this complaint through the internal grievance procedure of the department or organization? Yes No

If yes, what is the status of the grievance?

Signature: Date: