

Appendix D: ADA Complaint/Grievance Form

ADA Complaint/Grievance From

Complainant: _____

Person Preparing (if different from Complainant): _____

Relationship to Complainant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please describe the specific complaint or grievance. Attach additional sheets if necessary.

Please specify location(s) related to the complaint or grievance (if applicable).

Signature: _____ Date: _____

All ADA related complaints or grievances should be submitted to the City of Dunwoody ADA Coordinator who's contact information is Tiffany Wommack; 4800 Ashford Dunwoody Road, Dunwoody, GA 30338; 678-382-6869; tiffany.wommack@dunwoodyga.gov.