

ADA Grievance Policy and Procedures

Wilkinson County

This grievance procedure has been developed to meet the requirements of the Americans with Disabilities Act of 1990 (“ADA”). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability relating to services, activities or programs of Wilkinson County.

The complaint should be in writing, but will be accepted in another format if necessary. The complaint should include the individuals name, address, phone number as well as the date, location and description of the problem. The complaint should be submitted within 30 calendar days after the alleged violation to:

Wilkinson County Board of Commissioners
County Manager
P.O. Box 161
Irwinton, Georgia 31042

Within 30 days of the filed complaint, the County Manager or his/her designee will respond in writing, and where appropriate in a format accessible to the complainant. The response will provide the position of the County and offer options for a resolution to the complaint.

If the response of the County Manager is not satisfactory, then within 10 calendar days a written notice of appeal shall be made to the Governing Body.

Wilkinson County
ADA Grievance Form

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Location of Problem: _____

Date Noticed: _____

Description of Problem: _____

*Please attach additional pages if needed. Also, any pictures of the problem may be attached to this form.

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:

Wilkinson County Board of Commissioners

ATTN: County Manager

P.O. Box 161

Irwinton, Georgia 31042

bdofcomm@wilkinsoncounty.net

(478) 946-2236