

EXHIBIT A

Bleckley County Commission

ADA Coordinator Larry Smith
Address 112 N. Second Street, Cochran, GA 31014
Phone (voice) 478-934-3219
Fax 478-934-3222

**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:

Bleckley County ADA Coordinator
Bleckley County Commission
112 N. Second Street
Cochran, GA 31014

Complainant: _____

Address: _____

City, State, Zip Code: _____

Telephone – Home: _____ Business: _____ Cell: _____

Person Discriminated Against (if other than complainant): _____

Address: _____

City, State, Zip: _____

Telephone – Home: _____ Business: _____ Cell: _____

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

Name: _____

Address: _____

City, State, Zip: _____

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: _____