



Americans with Disabilities Act Grievance Procedure

May 2020

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). The purpose of the ADA Grievance Procedure is to promptly and fairly resolve a conflict or dispute when an individual believes that the Georgia Environmental Finance Authority (GEFA) is not in compliance with its requirements under the ADA and implementing regulation 28 C.F.R. 35.107.

This Grievance Procedure is **informal**. No individual is required to utilize this procedure and may directly file a formal complaint with the respective enforcement agency as permitted under law.

For those individuals that wish to file a complaint under this Grievance Procedure, complete the complaint form and return it to:

Glendale Jones
ADA Coordinator
Georgia Environmental Finance Authority
233 Peachtree St NE
Ste 900
Atlanta, GA 30303
gjones@gefa.ga.gov

Alternative means of filing complaints, such as personal interviews or an audio recording of the complaint will be made available for persons with disabilities upon request. GEFA will schedule a meeting (in person or by telephone) within three working days after receipt of the completed complaint form. The purpose of the meeting will be to fairly resolve the complaint.

If a satisfactory resolution to the complaint is reached at the meeting, a letter will be forwarded to you that states: (a) the description of the complaint and (b) how the complaint was resolved.

If GEFA is unable to resolve the complaint, you will be notified in writing why the complaint was unable to be resolved. Such notification shall include (a) a description of the complaint, (b) a statement concerning the issues which could not be resolved, and (c) the steps necessary to file a formal complaint with the appropriate enforcement agency.

ADA Grievance Procedure Complaint Form

Name:			
Address:			
Mobile Telephone:		Work Telephone:	
Email Address:			
When did the act(s) that you believe were discriminatory occur? Provide date(s):			
Please describe the act(s) that you believe were discriminatory. Please be specific. Use additional sheets if necessary.			

Signature (can be electronic)

Date