Office of Commissioner of Insurance and Safety Fire
Protect | Enforce | Educate | Inform

JOHN F. KING
Commissioner of Insurance and Safety Fire

Two Martin Luther King Jr. Drive
West Tower, Suite 702
Atlanta, Georgia 30334

STATE OF GEORGIA

ADA GRIEVANCE COMPLAINT FORM

Name: _____ **Home Telephone**: _____

Phone Telephone: _____

Address: _____ **Work Telephone:** _____

_____ **Email Address:** _____

_____

When did the acts that you believe were discriminatory occur? Date(s):

Please describe the act(s) that you believe were discriminatory.

Please be specific. Use additional sheets if necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature: _____

Date: _____