

City of Covington Georgia Americans with Disabilities Act Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 2.

Complainant Name:	
Street Address:	
City, State and ZIP Code:	
Telephone: F	Email Address:
Person Discriminated Against (if oth	ner than the complainant):
Persons Name:	
Street Address:	
City, State and ZIP Code:	
Telephone: F	Email Address:
City of Covington individual or depa	artment which you believe has discriminated:
Name/Department:	
When did the discrimination occur?	(Date / Time):

Describe the act(s) of discrimination providing the name(s) where possible of the individuals or departments who discriminated:	
Signature:	
Date:	
	
Return completed form to:	
Paul G. Dailey or Jacqueline Dial	
City of Covington ADA Coordinator	
PO Box 1527	
Covington, Georgia 30014	
pdailey@cityofcovington.org	

Please contact Paul Dailey at 770-385-2025 or <u>pdailey@cityofcovington.org</u> if you have questions or need assistance.

jmadera@cityofcovington.org