



## **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: \_\_\_\_\_ Email Address: \_\_\_\_\_

Person Discriminated Against (if other than the complainant):

Persons Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

City of Covington individual or department 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: \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form to:

Asher B. Dozier  
City of Covington  
ADA Coordinator  
PO Box 1527  
Covington, Georgia 30014  
[adozier@cityofcovington.org](mailto:adozier@cityofcovington.org)

Please contact Asher Dozier at 770-386-6830 or [adozier@cityofcovington.org](mailto:adozier@cityofcovington.org) if you have questions or need assistance.