



**CITY OF DUBLIN
ADA GRIEVANCE FORM**

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Location of problem: _____

Date noticed: _____

Description of problem:

***Please attach additional pages if needed**

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 30 calendar days after the alleged violation to:

City of Dublin
ADA Coordinator/Alan Scarbrough
100 S. Church St. P.O. Box 690
Dublin, GA 31040
478-277-5070