



## APPENDIX B

### CITY OF SMYRNA ADA Complaint Form

Title VI of the 1964 Civil Rights Act requires that "Non person in the United States shall, on the grounds of race, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to City of Smyrna Fire Dept/Fire Marshall, Attn: ADA Coordinator, 2800 King Street, Smyrna, GA 30080.

1. Complainant's Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. City, State and Zip Code \_\_\_\_\_
4. Telephone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_
5. Person discriminated against (if someone other than the complainant)
  - a. Name \_\_\_\_\_
  - b. Address \_\_\_\_\_
  - c. City, State and Zip Code \_\_\_\_\_
6. Which of the following best describes the reason you believe the discrimination took place? Was it because of: (please check)

Race/Color	<input type="checkbox"/>	National Origin	<input type="checkbox"/>
Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Sex	<input type="checkbox"/>		
7. What date did the alleged discrimination take place? \_\_\_\_\_

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use additional sheets if additional space is needed.

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9. Have you filed this complaint with any other federal, state or local agency: or with any federal or state court? Yes No

10. If yes, check all that apply:

- Federal Agency  Federal Court  State Agency  
 State Court  Local Agency

11. Please provide information about a contact person at the agency/court where the complaint was filed.

- a. Name \_\_\_\_\_  
b. Address \_\_\_\_\_  
c. City, State and Zip Code \_\_\_\_\_  
d. Telephone Number \_\_\_\_\_

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date