City of Buford
ADA Grievance Form

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

LOCATION OF PROBLEM: _____

_____

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 days after the alleged violation to:

City of Buford
ATTN: Jason Higgins, City ADA Coordinator
2300 Buford Highway
Buford, GA 30518
jhiggins@cityofbuford.com
770-945-6761