

PLEASE POST

CITY OF ROCK HILL, SOUTH CAROLINA REASONABLE ACCOMMODATION / COMPLAINT/COMMENT FORM

The City of Rock Hill is committed to assuring accessibility, with reasonable accommodations, of City services, facilities, employment and programs for all individuals, in compliance with federal law.

(If necessary, assistance will be provided to complete this form.)

PLEASE PRINT

Date: _____

Name: _____

Address: _____

Daytime Phone: _____

Statement: _____

Signature

Please return form to:

ADA Coordinator, Ann Morgan
City of Rock Hill Fax - (803) 329-7082
P. O. Box 11706
Rock Hill, SC 29731

(803) 329-7025

TDD - (803)329-8787

For ADA Compliance Use Only:

Action Taken: _____

Signature

Date

ADA Complaint Form

ADA FTA COMPLAINT INFORMATION

Our goal is a prompt and equitable resolution to any ADA-related concerns or complaints. Within 15 calendar days after receipt of the complaint, the ADA Coordinator or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator or their designee will respond in writing or in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of City of Rock Hill and offer options for substantive resolution of the complaint.

A summary of ADA- related complaints will be maintained for five (5) years.

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adacoordinator@cityofrockhill.com

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