



Investigation Number: \_\_\_\_\_  
(For office use only)

## **DCH Civil Rights, ADA/Section 504 Complaint Form**

**If you need help filling out this form or need help communicating with us, ask us or call the Katie Beckett ADA/Section 504 Coordinator at 678-248-7449 or the DCH Civil Rights and ADA/Section 504 Coordinator at 404-967-04014 and leave a message, or reach out via email at [DCHCivilRights@dch.ga.gov](mailto:DCHCivilRights@dch.ga.gov). Our services, including interpreters, are free. If you are deaf, hard of hearing, deaf blind or have difficulty speaking, you can call us at the numbers above by dialing 711 (Georgia Relay).**

**To file a complaint with the U.S. Department of Health and Human Services, read below:**

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and religion.

Persons with disabilities who require alternate means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Additionally, program information may be made available in languages other than English.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (800) 368-1019 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

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You may make a verbal or written complaint alleging unlawful discrimination by DCH (including if you disagree with decisions made regarding requests for reasonable modifications, auxiliary aids or services, or if you believe DCH failed to provide a requested reasonable modification or communication assistance under the ADA/Section 504), by completing the form below:



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

Name of person who alleges he/she experienced unlawful discrimination:

Client ID: \_\_\_\_\_

\*Complainant's Name (if different from the name listed above):

\_\_\_\_\_

Complainant's Relationship to the person who alleges he/she experienced unlawful discrimination: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth (of person who alleges unlawful discrimination): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email (if available): \_\_\_\_\_

Please check the DCH program(s) that apply: Katie Beckett \_\_\_ Other: \_\_\_

DCH office where the alleged discrimination occurred: \_\_\_\_\_

Date(s) the alleged discrimination occurred: \_\_\_\_\_

I believe that I have been (or someone else has been) discriminated against on the basis of:

Race \_\_\_ Color \_\_\_ Age \_\_\_ Sex \_\_\_

National Origin \_\_\_ (e.g. Failure to provide an interpreter and/or Other \_\_\_)

Religion \_\_\_\_\_ Disability: \_\_\_\_\_

Failure to provide the requested Reasonable Modification (RM) \_\_\_

Comments: \_\_\_\_\_

Failure to provide requested auxiliary aid or service (AAS) \_\_\_

Comments: \_\_\_\_\_

Disagree with the RM decision/modification provided \_\_\_

Comments: \_\_\_\_\_

Other (service animals/mobility aids/design standards, etc.) \_\_\_

Comments: \_\_\_\_\_



Describe briefly, below, the alleged discrimination: Please be as specific as possible. If applicable, please provide the name(s) of any individual(s) who you believe discriminated against you. (Attach additional pages as needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The remaining information on this form is optional. Failure to answer the question below will not affect this complaint in any way.

Do you need an interpreter or other type of assistance to communicate with us about this complaint? (check all that apply)

Braille \_\_\_\_\_ Large Print \_\_\_\_\_ E-mail \_\_\_\_\_ TTY \_\_\_\_\_

Sign Language Interpreter (specify language): \_\_\_\_\_

Spoken Language Interpreter (specify language): \_\_\_\_\_

Other: \_\_\_\_\_

All complaints should be submitted to:

DCH Civil Rights Coordinator, DCH ADA/Section 504 Coordinator  
2 Peachtree Street  
37th Floor  
Atlanta, GA 30303  
(404) 967-0401 (voice)  
[DCH.CivilRights@dch.ga.gov](mailto:DCH.CivilRights@dch.ga.gov)

\* Individuals who are deaf or hard of hearing or who may have speech disabilities may call "711" for an operator to connect with us.

\* DCH is prohibited from disclosing Personally Identifiable Information (PII) or Protected Health Information (PHI) to unauthorized individuals. Therefore, DCH will not disclose, discuss, or allow access to a DCH customer's PII or PHI without the appropriate authorization. In situations where a companion or other individual files a complaint on behalf of a DCH customer, DCH will contact the customer or authorized representative to verify the complaint.