



STATE BOARD OF WORKERS' COMPENSATION

ADA GRIEVANCE PROCEDURE

The purpose of the ADA Grievance Procedure is to promptly and fairly resolve a conflict or dispute when an individual believes that the State Board of Workers' Compensation is not in compliance with its obligations under the Americans with Disabilities Act and implementing regulation 28 C.F.R. 35.107.

This Grievance Procedure is *informal*. No individual is required to utilize this procedure and may directly file a formal complaint with the respective enforcement agency as permitted under law.

For those individuals that wish to file a complaint under the State Board of Workers' Compensation's Grievance Procedure, the complaint should be submitted as soon as possible, preferably within sixty (60) calendar days of the alleged violation to:

Sharon Jones Stallworth, HR Director
State Board of Workers' Compensation
270 Peachtree Street NW
Atlanta, Georgia 30303
StallworthS@sbwc.ga.gov

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. The State Board of Workers' Compensation will schedule a meeting (in person or via telephone) within fifteen (15) working days after receipt of the completed complaint form. The purpose of the meeting will be to fairly resolve the complaint.

If a satisfactory resolution to the complaint is reached at the meeting, a letter will be forwarded to you within ten (10) working days that states: (a) the description of the complaint; and (b) how the complaint was resolved.

If the State Board of Workers' Compensation is unable to resolve the complaint, you will be notified in writing within fifteen (15) working days as to why the office was unable to resolve the complaint. Such notification shall include (a) a description of the complaint; (b) a statement concerning the issues which could not be resolved; and (c) the steps necessary to file a formal complaint with the appropriate enforcement agency.

Depending on the nature of the grievance, Grievance Procedure documents will be retained by the State Board of Workers' Compensation in accordance with the State of Georgia Government Records Retention Schedule which can be accessed by visiting https://www.georgiaarchives.org/records/state_government/.



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ADA GRIEVANCE PROCEDURE - COMPLAINT FORM

Name: _____ Home Telephone: _____

Work Telephone: _____

Address: _____ Mobile Telephone: _____

_____ E-mail Address: _____

When did the acts that you believe were discriminatory occur? Date(s):

Please describe the act(s) that you believe were discriminatory. Please be specific. Use additional sheets if necessary.

Signature (can be electronic)

Date