

GEORGIA DEPARTMENT OF CORRECTIONS



Brian P. Kemp *Governor*

Timothy C. Ward
Commissioner

Accepted: Notification of Referral to the Facility ADA Coordinator

TO:	Offender Name, GDC#	acility/Center
FROM:	Warden/Superintendent F	acility/Center
RE:	GRIEVANCE#	
Therefore Title II Peffectively	e, a copy of your grievance he for processing in accordant rovisions. As a result, this y closes your grievance.	your grievance that was filed on Upon review a nature of the allegation, an investigation is warranted. The been forwarded to the Facility ADA Coordinator on acce with SOP 103.63 Americans with Disabilities Act (ADA) letter serves as the formal response to your grievance and Although this letter effectively closes your grievance, the The decision to forward your grievance to the Facility ADA nice is not appealable.
You will	be notified upon the comple	etion of the investigation by the Facility ADA Coordinator.
Warden/S	Superintendent	Date
Offender	GDCID#	——————————————————————————————————————

Retention Schedule: Upon Completion, this form shall be maintained with the grievance packet for four (4) years and then destroyed.