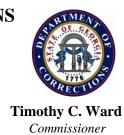


Governor

## GEORGIA DEPARTMENT OF CORRECTIONS



## Rejected: Notification of Referral to the Facility ADA Coordinator

TO:	Offender Name, GD	Facility/Center	
FROM:	Warden/Superintend	ent Facility/Center	
RE:	GRIEVANCE#		
has been of therefore, of the alle Therefore (ADA), T	determined that you fail this grievance is being egation, an investigation a, a copy of your griev for processing in a little II Provisions.	to your grievance that was filed on Upon review, ed to follow the proper procedure for filing the formal grievance rejected in accordance with policy. However, due to the natural is warranted.  Annce has been forwarded to the Facility ADA Coordinator of accordance with SOP 103.63 Americans with Disabilities Ampletion of the investigation by the Facility ADA Coordinator.	e; re on ct
Warden/S	Superintendent	Date	
Offender	GDCID#	Date	