

# 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.)*

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### PLEASE PRINT

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Please return form to:

Human Resources Director, ADA Coordinator, Deana Keever

(803) 329-5571

City of Rock Hill Fax - (803) 329-7082

P. O. Box 11706

Rock Hill, SC 29731

TDD - (803)329-8787

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For Human Resources 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. An investigation of complaints will be completed within two weeks. The complainant will be notified of the response by certified mail within three (3) calendar days. The response will offer an opportunity for a face-to-face meeting if the complainant so desires. A summary of ADA-related complaints will be maintained for five (5) years.

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

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