

CITY OF MIAMI GARDENS
Americans with Disabilities Act



Grievance Form

Today's Date: _____

Complainant: _____

Address: _____

City, State, Zip: _____

Telephone and E-mail: _____

Individual Discriminated Against: _____

Address: _____

City, State, Zip: _____

Telephone and E-mail: _____

Alleged Violation: Date(s) of Occurrence: _____

Description of Violation and City Department Involved: _____

_____.

Requested Action by County to Correct Violation: _____

_____.

Has Complaint been Filed with State or Federal Agency: __ Yes __ No.

Name of Agency: _____ Date Filed: _____.

Contact Person: _____.

Signature: _____

Mail or fax to:

ADA Coordinator/Human Resources Director, 1515 NW 167th St., Suite 5-200, Miami Gardens, FL 33169
Telephone: (305) 622-8000; FAX: (305)-622-8001; TTY: 1-800-955-8771