

City of Miami
 Disability Discrimination or Accommodation
 Grievance Form

It is the policy of the City of Miami, to provide, when possible, all citizens equal access to programs, services, and activities sponsored by the City. This form is for you to be able to let us know of an alleged denial of access into our programs, services or activities, or alleged denial of a requested accommodation for equal ability to fully participate in our programs, services or activities. Should you need assistance in filling out this form. please contactl the City ADA Coordinator at 305-416-1732 (voice) (305) 416-1735 (TTY) facsimile (305) 316-1390 or email to prey@ci.miami.fl.us

Your Name: _____
 Address: _____ City: _____
 _____ State: _____ Zip: _____ Telephone Number: (_____) _____

Were you refused admittance or participation in a program, service or activity due to your disability?	<u>Yes</u>	<u>No</u>
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If Yes please fill out the next set of questions

Date attending	Name of program, service or activity
Date entrance into the program, service or activity was denied: _____	
Name of person denying you entrance: _____	
Reason given for denying you entrance: _____ _____ _____	
Other information you feel we should know. _____ _____ _____ _____	

Were you denied an accommodation you requested for a program, service, or activity.	<u>Yes</u>	<u>No</u>
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If Yes please fill out the next set of questions

Date attending	Name of program, service or activity
Accommodation requested? _____	

Date you were denied the accommodation: _____		
Person who denied you the accommodation: _____		
Reason given for denying the accommodation: _____		

Estimated cost of the accommodation if you should know: \$ _____		
Why was the accommodation needed for this program, service or activity? _____		

If another accommodation could have provided you equal access please describe here: _____		

Did you suggest the other accommodation?	Yes	No
What reason was given for denying this accommodation? _____		

Other information you feel we should know: _____		

Should you have additional information or need additional space to describe your grievance please attach these sheets to this form.

I _____ certify that I am qualified or otherwise eligible to participate in the program, service or activity with or without a reasonable accommodation and that the above statements are true to the best of my knowledge and belief.

Your signature
Please forward to:

Date
City of Miami
ADA Coordinator, Dept. of Risk Management
444 S.W. 2nd Avenue
Miami, FL 33130

OFFICE USE ONLY	Date Received:	By:
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