

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 contact the City ADA Coordinator at 305-416-1790 (voice) (305) 416-1735 (TTY) facsimile (305) 416-1710 or email to [ADA Coordinator](#)

Your Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone Number: () _____

1. Were you refused admittance or participation in a program, service or activity due to your disability? Yes No
If the answer is 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: _____

2. Were you denied an accommodation you requested for a program, service, or activity?
Yes No If the answer is 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? _____

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

Date

Please forward to: City of Miami (Risk Management-ADA Coordinator)
444 S.W. 2nd Avenue 9th Floor
Miami, FL 33130

OFFICE USE ONLY

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Your Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone Number: () _____

Date Received:

By: