



ADA GRIEVANCE FORM

The City of Jacksonville Beach is committed to its policy of inclusion in the City’s services, programs, and activities, and to complying with the Americans With Disabilities Act (“ADA”), the Florida Civil Rights Act, and related laws. The purpose of this form is for you to let the City know if you believe that you were denied a reasonable accommodation, or that you were discriminated against on the basis of disability.

If you need assistance in completing this form, need the form in an alternative format (such as a larger font), or need to submit the grievance in an alternative format (such as a personal interview or by audio recording), please contact the City’s ADA Coordinator. The ADA Coordinator’s contact information is located at the end of this form and on the City’s website under “ADA Notice.”

SECTION I.

Name:

Address:

Telephone No.:

Email Address:

I am a person with a disability: YES NO

If “YES,” please list your functional limitations due to your disability.

If “NO,” and you are submitting this grievance on behalf of an individual with a disability, please provide the name, address, phone number, and email address, and the nature of your relationship with that individual, and describe that individual’s functional limitations due to a disability.

SECTION II.

PLEASE CHECK ALL THAT APPLY:

- I believe I was discriminated against on the basis of disability.
- I believe I was denied a reasonable accommodation.
- I believe I was excluded from participation in a city service, program, or activity.
- I believe I was denied the benefits of a city service, program, or activity.

Please explain as clearly as possible what happened and the relevant date(s), time(s), and location. Please also provide the name, addresses, and phone numbers of all persons (including City employees) who witnessed or were involved with the incident(s). If more space is needed, please use the back of this form or attach additional sheets.



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If you have any documents (e.g., emails, letters, photographs) that you believe are relevant to your grievance, please attach copies (please do not submit originals).

SECTION III.

Have you previously filed a disability-related grievance with the City of Jacksonville Beach?

- YES NO

If "YES," please state the date:

Have you previously filed a disability-related complaint about the City of Jacksonville Beach with a court or any other government agency?

- YES NO

If "YES," please identify the court or agency, and state the date of the complaint.

I CERTIFY that the statements provided on this form, and any attachments, are true and correct.

Sign: _____ Date: _____

Please submit this form to the City's ADA Coordinator:

Elise Brosch, ADA Coordinator
11 North Third Street
Jacksonville Beach, FL 32250
P (voice): 904-712-6297
TTY/TDD: 711
E: ebrosch@jaxbchfl.net