



CITY OF SUNNY ISLES BEACH
AMERICAN WITH DISABILITIES ACT (ADA)
GRIEVANCE FORM

Today's Date: _____

Complainant:

Relationship to Individual discriminated against: _____

Address: _____

City, State, Zip: _____

Telephone and E-mail: _____

Individual Discriminated Against: _____

Address: _____

City, State, Zip: _____

Telephone and E-mail: _____

Alleged Violation: Date(s) and Place of Occurrence:

Description of Violation and City Department Involved:

Requested Action by City to Correct Violation: _____

Has Complaint Been Filed with State or Federal Agency: ___ Yes ___ No

If Yes, Name of Agency: _____ Date Filed: _____

Contact Person:

Signature of Complainant: _____