



City of Miami Springs

Disability Discrimination or Accommodation Grievance Form

It is the policy of the City of Miami Springs, to provide, when possible, all citizens with 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 305.805.5006 (voice) 305.805.5028 (facsimile) or email to gonzaleze@miamisprings-fl.gov.

Your Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ 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 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>
<i>If yes please fill out the next set of questions</i>			
Date attending	Name of program, service or activity		
Accommodation requested?			
Date you were denied the accommodation:			
Name of person denying your accommodation:			
Reason given for denying the accommodation:			
Estimated cost of the accommodation :			
\$ _____			
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?			



What reason was given for denying this accommodation?

Other information you feel we should know:

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 Springs
ADA Coordinator
201 Westward Drive
Miami Springs, FL 33166

OFFICE USE ONLY

Date received:

By: