

OFFICE USE OF DATE COMPLA	NLY INT OPENED:
DATE COMPLA	INT CLOSED:

CITY OF PLANTATION, FLORIDA TITLE II ADA GRIEVANCE FORM

The City of Plantation ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Carole Morris, ADA Coordinator, at 954-797-2200.

Instructions: Please complete and sign the form and email or mail it to the City within 60 calendar days of any incident to:

of any incident to:				
ADA/504 Coordinator – Carole Morris				
Physical address:				
Carole Morris, ADA/504 Coordinator Assistant City Administrator 400 NW 73 rd Avenue Plantation, FL 33317	Phone: 954-797-2200 Email: cmorris@plantation.org			
1. Type of Grievance (check all that ap	pply):			
Accommodation Request Program/Service Facility Accessibility Other:				
2. Reporting Individual:	CT INFORMATION			
Full Name:				
Address:				
City, State, Zip code:				
Phone:	Alternate Phone:			
Email:				

3.	Authorized Representative of Reporting	ng Individual (if any):	
Fu	ll Name:		
Ad	Address:		
Cit	City, State, Zip code:		
Ph	one:	Alternate Phone:	
Email:			
DETAILS OF COMPLAINT / INCIDENT			
4.	Date/Time of Incident:		
5.	. Department/Facility/Location Involved:		
6.	6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:		
7.	7. Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.		

8. Remedy Sought. What action do you wa	nnt taken?
Signature	Date
Attach additional pages as necessary. If you nee about this form, please contact the City's ADA/5	ed assistance, require an accessible format, or have questions 04 Coordinator at:
Physical address:	
Carole Morris, ADA/504 Coordinator	Phone: 954-797.2200
Assistant City Administrator 400 NW 73 rd Avenue	Email: cmorris@plantation.org
Plantation, FL 33317	