



City of Delray Beach, Florida ADA Grievance Form

Instructions: Please complete and sign the form and submit it within 60 calendar days of any incident to:

Duane D'Andrea
HR Director / ADA Coordinator
Human Resources Department
Phone: (561) 243-7000 x 7042
Email: dandread@mydelraybeach.com
Delray Beach City Hall
100 NW 1st. Ave. Delray Beach
1-800-955-8770 Florida Relay Service Number (Voice)

1. Type of Grievance (check all that apply):

- Accommodation Request
 Program/Service
 Facility Accessibility
 Other: _____

CONTACT INFORMATION

2. Reporting Individual:

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	
Preferred method of contact:	

3. Authorized Representative of Reporting Individual (if any):

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

DETAILS OF COMPLAINT / INCIDENT

4. Date/Time of Incident: _____

5. Department/Facility/Location Involved. Please provide an address or nearest cross roads.

6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Include photos if possible. Add additional pages if necessary.

7. Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made and with whom you've communicated with.

8. Remedy Sought. What action do you want taken?

Signature

Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the City of Delray Beach ADA Coordinator at:

Phone: (561) 243-7042

TTY/TDD: 1-800-955-8770 Florida Relay Service Number (VOICE)

Fax: (561) 243-7060

Email: dandread@mydelraybeach.com