



**DISABILITY DISCRIMINATION GRIEVANCE FORM**

The City of Coral Gables 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.

**PLEASE FILL OUT COMPLETELY.**

<b>Section I</b>	
Name:	
Address:	
Telephone - Home:	Cell:
Email address:	
I am an individual 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, contact information and the nature of your relationship with that individual and describe that individual’s functional limitations due to a disability. _____ _____ _____ _____	
<b>Section II</b>	

*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.

Explain as clearly as possible what happened and the relevant date(s). Provide the names and contact information for all persons (including City employees) who were involved with the incident(s). (If more space is needed, please use the back of this form or attach additional sheet(s)).

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If you have any documents (e.g., emails, letters) 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 Coral Gables?

Yes       No

If "Yes," please state the date: \_\_\_\_\_

Have you previously filed a disability-related complaint about the City of Coral Gables 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 in this form, and any attachments, are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Raquel Elejabarrieta, Esq.  
ADA Coordinator  
2151 Salzedo Street, Suite #504  
Coral Gables, FL 33134  
E-mail: [ada@coralgables.com](mailto:ada@coralgables.com)  
Telephone (voice): 305-722-8686  
TTY/TDD: 305-442-1600

An individual may also submit a written complaint directly to Florida Department of Transportation (FDOT):

Florida Department of Transportation Equal Opportunity Office  
ATTN: Title VI Complaint Processing  
605 Suwannee Street MS 65  
Tallahassee, FL 32399

FDOT serves as a statewide clearinghouse for Title VI purposes and will either assume jurisdiction over the complaint or forward it to the appropriate federal or state authority for continued processing.

If information is needed in another language, please contact the ADA Coordinator.