

MIAMI-DADE COUNTY PARKS, RECREATION AND OPEN SPACES DEPARTMENT: ADA GRIEVANCE FORM

Instructions: Fill form out as completely as possible, then send to Therapeutic Recreation and Inclusion, 275 NW 2ND Street, Miami, Florida 33128 or e-mail to PROS-TRI@miamidade.gov

Today's Date:

Your Name:

Your Address:

Your Contact information:

Reason for complaint/grievance: ***Please be as specific as possible including the specific location, day, date, time of day, name(s) of individuals involved, why you feel you have been discriminated against.***

Your Signature:

Your complaint will be investigated and we will respond to you within fifteen business days. If you would like to request this document in accessible format call 305-755-7848 or e-mail PROS-TRI@miamidade.gov

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