

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, 13841 SW 120th St, Miami, FL 33186 or e-mail to PROS-ADACoordinator@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-ADACoordinator@miamidade.gov