

# MIAMI-DADE COUNTY PARK, RECREATION AND OPEN SPACES DEPARTMENT ADA GRIEVANCE FORM

Instructions: Fill form out as completely as possible, then send to Lucy Binhack, Disability Services Manager, 275 NW 2<sup>ND</sup> Street, Miami, Florida 33128 or e-mail to [Binhack@miamidade.gov](mailto:Binhack@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 [binhack@miamidade.gov](mailto:binhack@miamidade.gov)

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