

Title II of the Americans with Disabilities Act City of Jacksonville Grievance Form

Instructions: **Sign and return original with signature to:**

ADA Coordinator
Kevin McDaniel
klmcdan@coj.net
Disabled Services Division
117 West Duval St., Suite 205
Jacksonville, FL 32202

This information will be held in confidence unless instructed otherwise by you. Please note that this grievance form applies to facilities, services and programs owned and or operated by the City of Jacksonville.

Please fill out this form completely. (Gray boxes)

Your name (*complainant*):

Address:

Telephone numbers: *Home:*

Work:

Cell:

E-mail address:

Reason for grievance/complaint, or why you feel you have been discriminated against. Please be specific and provide as information as possible i.e. location, date, time, names etc. (*Type in gray box, the box will expand as you type to accommodate your information*)

Your signature & date:

If you have questions about this form, need an accommodation, or a different format, please contact the ADA Coordinator at 904-630-4940, or email klmcdan@coj.net.

Please allow us 15 days to respond to your complaint and an additional 15 days to investigate. Please refer back to the [City of Jacksonville's Grievance Procedure](#) under the Americans with Disability Act for additional information.