**Environmental Quality Division**

**Civil Rights Grievance Form**

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

Civil Rights Coordinator

Ronda Wheeler

rondaw@coj.net

Environmental Quality Division

214 N. Hogan St., 5th Floor

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 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 Civil Rights Coordinator at 904-255-7100, or email rondaw@coj.net.

Please allow us 15 days to respond to your complaint and an additional 15 days to investigate.