



**DISABILITY DISCRIMINATION GRIEVANCE FORM**

The City of Coral Gables is committed to its policy of inclusion in the City’s services, programs and activities and to complying with the Americans With Disabilities Act (“ADA”), the Florida Civil Rights Act and related laws. The purpose of this form is for you to let the City know if you believe that you were denied a reasonable accommodation or that you were discriminated against on the basis of disability.

If you need assistance in completing this form, need the form in an alternative format (such as a larger font), or need to submit the grievance in an alternative format (such as a personal interview or by audio recording), please contact the City’s ADA Coordinator. The ADA Coordinator’s contact information is located at the end of this form and on the City’s website under “ADA Notice.”

**PLEASE FILL OUT COMPLETELY.**

<b>Section I</b>	
Name:	
Address:	
Telephone - Home:	Cell:
Email address:	
I am an individual with a disability. [ ] Yes [ ] No	
If “Yes,” please list your functional limitations due to your disability.	
_____	
_____	
_____	
If “No” and you are submitting this grievance on behalf of an individual with a disability, please provide the name, contact information and the nature of your relationship with that individual and describe that individual’s functional limitations due to a disability. _____	
_____	
_____	
_____	
_____	



**Section III**

Have you previously filed a disability-related grievance with the City of Coral Gables?

Yes       No

If “Yes,” please state the date: \_\_\_\_\_

Have you previously filed a disability-related complaint about the City of Coral Gables with a court or any other government agency?

Yes       No

If “Yes,” please identify the court or agency, and state the date of the complaint.

\_\_\_\_\_  
\_\_\_\_\_

I certify that the statements provided in this form, and any attachments, are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form to the City’s ADA Coordinator:

Raquel Elejabarrieta, Esq.  
ADA Coordinator  
2801 Salzedo Street, Room 224  
Coral Gables, FL 33134  
E-mail: [ada@coralgables.com](mailto:ada@coralgables.com)  
Telephone (voice): 305-722-8686  
TTY/TDD: 305-442-1600

If information is needed in another language, please contact the ADA Coordinator.