



Grievance Form

City of Lakeland, Florida

Instructions

Please complete and sign this form and email, fax or mail it to the city within 60 calendar days of any incident to the City of Lakeland ADA Specialist:

Kristin Meador
228 S. Massachusetts Ave.
Lakeland, FL 33801
Email: Kristin.Meador@lakelandgov.net
Voice Phone: (863) 834-8444
Fax: (863) 834-8040
TTY/TDD: (863) 834-8333 or (800) 955-8771 or (800) 955-8770 Florida Relay Service Number (VOICE)

Attach additional pages if necessary.

Details of the Complaint or Incident

1. Type of Grievance (select all that apply)

- a. Accommodation Request
- b. Program/Service
- c. Facility Accessibility
- d. Other

2. Reporting Individual Contact Information

- a. Full Name: _____
- b. Address: _____
- c. City, State, Zip Code: _____
- d. Phone: _____
- e. Email Address: _____

3. Authorized Representative of Reporting Individual (if any)

a. Full Name: _____

b. Address: _____

c. City, State, Zip Code: _____

d. Phone: _____

e. Email: _____

4. Date/Time of the Incident: _____

5. Department/Facility/Location of the Incident:

6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood.

7. Have attempts been made to resolve the complaint through a City Department?
If yes, please describe the efforts that have been made.

8. Remedy Sought: What action do you want taken?

X

Signature / Date

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