

**OFFICE OF ADA COMPLIANCE
CITY OF NORTH MIAMI BEACH**

Title II of the Americans with Disabilities Act &
Section 504 of the Rehabilitation Act of 1973

Grievance Procedure Form

Instructions : Please fill out this form completely, using black ink or typing. Sign it and send it to or drop it off at the address at the bottom of the last page.

Reporting Individual:

Address:

City, State, and ZIP Code:

Contact Phone Number: _____

Person Allegedly Discriminated Against (if other than reporting individual):

Address:

City, State, and ZIP Code:

Contact Phone Number: _____

Program or Facility Alleged to Be Inaccessible:

Address:

City, State and Zip Code:

Telephone Number:

When did the alleged discrimination occur? (Date):

Describe the acts of alleged discrimination, or way in which the program or facility is not accessible, providing the name(s) where possible of the individuals who allegedly discriminated.

What were the requests for accommodations or programs, and what was the response?

Signature _____

Date: _____

Send to:
Office of ADA Compliance
North Miami Beach Public Works Department

2nd floor
17050 NE 19 Avenue
North Miami Beach, FL 33162
(305) 948-2916

or email to: ada@citynmb.com