OFFICE USE ONLY
DATE COMPLAINT OPENED: _____

DATE COMPLAINT CLOSED:_____

CITY OF CORAL SPRINGS, FLORIDA
TITLE II ADA GRIEVANCE FORM

The City of Coral Springs ensures that no person or group shall, on the grounds of race, color, sex, gender, religion, national origin, age, disability, retaliation, genetic information, or any other protected characteristic, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by the City or its recipients, sub-recipients, and contractors. To request an accommodation or an alternate format of this document, please contact Yuu Soubra, ADA/504 Coordinator, at 954-344-1144 (Office), or 711 (Relay).

Instructions: Please complete and sign the form and submit it to the City within 60 calendar days of any incident to:

ADA/504 Coordinator – Yuu Soubra

Physical address:

Yuu Soubra, ADA/504 Coordinator
Employee Engagement and Inclusion Manager
9500 West Sample Road
Coral Springs, FL 33065

Phone: 954-344-1144
Relay: 711
Email: ysoubra@coralsprings.gov

1. Type of Grievance (check all that apply):

- ☐ Reasonable Modification Request
- ☐ Program/Service/Activity
- ☐ Facility Accessibility
- ☐ Other:

CONTACT INFORMATION

2. Reporting Individual:

Full Name:
Address:
City, State, Zip code:
Phone:
Email:

3. Authorized Representative of Reporting Individual (if any):

Full Name:
Address:
City, State, Zip code:
Phone:
Email:

DETAILS OF COMPLAINT / INCIDENT

4. Date/Time of Incident: _____

5. Department/Facility/Location Involved:

6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:

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?

Signature _____ Date _____

Attach additional pages if needed. The City will review and respond to your ADA grievance within 30 to 90 days from the date it is filed, depending on the nature and complexity of the case. If you need help completing this form, require an accessible format, or have any questions, please contact the City's ADA/504 Coordinator at:

Physical address:

Yuu Soubra, ADA/504 Coordinator
Employee Engagement and Inclusion Manager
9500 West Sample Road
Coral Springs, FL 33065

Phone: 954-344-1144
Relay: 711
Email: ysoubra@coralsprings.gov