



## 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](mailto: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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