



## Grievance Form

### City of Lake Alfred, Florida

#### Instructions

Please complete and sign this form and email or mail it to the city within sixty (60) calendar days of any incident to the City of Lake Alfred ADA Coordinator:

**Linda Bourgeois, City Clerk/ADA Coordinator**

**155 E. Pomelo Street**

**Lake Alfred, Florida 33850**

**Email: [ADA@mylakealfred.com](mailto:ADA@mylakealfred.com)**

**Phone: (863) 291-5270 Ext. 106**

If hearing impaired, please contact the TDD numbers: Local – (863) 834-8333 or 1-800-955-8771– (TDD-Telecommunications Device for the Deaf) or the Florida Relay Service Number 1-800-955-8770 (VOICE), for assistance.

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 prefer to be taken?
- 9. What format would you prefer for all correspondences?

X \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

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