



City of Sarasota

Complaint Form

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

The City of Sarasota will make all reasonable modifications to ensure that people with disabilities will have equal opportunities to our services, programs, or activities. If you believe that you have been discriminated against, we respectfully request you complete this form to provide opportunities for us to improve.

Instructions: Please fill out this form completely, and return to: City of Sarasota, ADA Coordinator, 111 S. Orange Ave, Sarasota, Florida 34236
Email: ADAACoordinator@sarasotafl.gov Phone: 941-263-6299.

(1) Complainant's Name: _____

Telephone #: _____ Email Address: _____

Home Address: _____

City, State and Zip Code: _____

(2) Describe the situation or way in which you feel the services, programs or activities was inaccessible or discriminatory. Please provide the name(s) of the individuals who were involved in the situation (add additional sheets if needed):

(3) Describe the requested action to resolve the complaint (add additional sheets if needed):

City of Sarasota

(4) Did anyone witness the incident: Yes ___ No ___ If yes; provide witness contact information (add additional sheets if needed to provide additional witnesses)

Witness Name: _____ Telephone #: _____

Address: _____

City, State and Zip Code: _____

(5) Have efforts been made to resolve this complaint through contact with services, programs, or activities owner? Yes ___ No ___ If yes; what is the status of the complaint?

(6) Has the complaint been filed with the Department of Justice or any other Federal, State or local civil rights agencies? Yes ___ No ___ If yes, what Agency?

Agency: _____ Telephone # _____

Address: _____

Contact Person: _____ Date Filed: _____

What is the status of the complaint Filed?

(7) Additional information you would like to provide?

Signature of Complainant: _____ Date: _____