



# CITY OF TAMPA

Bob Buckhorn, Mayor

Office of the Chief of Staff

Raquel Pancho  
ADA Coordinator

## Grievance Form Americans with Disabilities Act, Title II Public Access to Programs and Services

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

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Alternate Phone: ( \_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Primary Type of Disability(ies), please check (✓):

- Mobility  Learning  Medical  Vision  Cognitive/Intellectual/Developmental  
 Hearing  Psychiatric  Speech  HIV/AIDS Other or not listed: \_\_\_\_\_

### Issue(s) please check (✓):

- Physical Access  Retaliation  Website/Electronic Access  Denial of Services/Refusal to Admit  
 Service Animal  Alternative Format  Interpreter/Assistive Listening  Other (describe below):  
\_\_\_\_\_

Person(s) who experienced above issue (if other than the complainant): Name(s) \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Name or Address of Incident: \_\_\_\_\_

Respondent Information/Name and Title: (Person you believe to have discriminated or retaliated against you):  
\_\_\_\_\_

