



## **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

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Signature / Date

Revision 8.21.2023