



## City of Lakeland ADA Grievance Form

OFFICE USE ONLY DATE COMPLAINT OPENED: _____  DATE COMPLAINT CLOSED: _____
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**Instructions: Please complete and sign this form and email, fax or mail it to the city within 60 calendar days of any incident to:  
ADA Specialist – Jenny Sykes, M.S.**

*Contact Information:*

City of Lakeland ADA Specialist: Jenny Sykes  
228 S. Massachusetts Ave.  
Lakeland, Florida 33801  
Email – Jenny.Sykes@lakelandgov.net

Phone: (863) 834-8444  
TTY/TDD: (863) 834-8333 or 1-800-955-8771, or  
1-800-955-8770 Florida Relay Service Number (VOICE)  
Fax: (863) 834-8040

**1. Type of Grievance (check all that apply):**

- Accommodation Request
- Program/Service
- Facility Accessibility
- Other: \_\_\_\_\_

### CONTACT INFORMATION

**2. Reporting Individual:**

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

**3. Authorized Representative of Reporting Individual (if any):**

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

**DETAILS OF COMPLAINT / INCIDENT**

**4. Date/Time of Incident:** \_\_\_\_\_

**5. Department/Facility/Location Involved:**

**6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:**

**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?**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the City of Lakeland ADA Specialist at:

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