



**PALM BEACH COUNTY  
PARKS & RECREATION DEPARTMENT  
ADA GRIEVANCE FORM**

**Instructions:** Please fill out this form completely. Sign and return within 60 days to the address below by email, mail, or in person. If you need an accommodation to complete or submit this form, please contact the Parks & Recreation Department ADA Coordinator as indicated on this form. If you would like to request this document in accessible format, call 561-966-6640 or email [pbcparks@pbcgov.org](mailto:pbcparks@pbcgov.org).

*Physical address:*

Palm Beach County Parks & Recreation Department  
c/o Jackie Lambert, Department ADA Coordinator  
2700 6<sup>th</sup> Avenue S  
Lake Worth, FL 33467

Phone: (561) 966-6640  
Email: [pbcparks@pbcgov.org](mailto:pbcparks@pbcgov.org)

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

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

**2) Reporting Individual:**

**CONTACT INFORMATION**

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

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

**CONTACT INFORMATION**

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

**DETAILS OF COMPLAINT / INCIDENT**

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

5) **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) **List all witnesses with contact information who may help us investigate your claim.**

8) **Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?**

a) **If yes, please provide the name of the agency and contact information for the person at the agency/court where the complaint was filed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Your complaint will be investigated and we will respond to you within fifteen business days.