



## **PALM BEACH COUNTY DEPARTMENT OF AIRPORTS AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM**

In accordance with Title II of the Americans with Disabilities Act (ADA) of 1990, it is the intention of the Palm Beach County Department of Airports (DOA) to provide access to all services associated with its operation and to all persons with disabilities. Please use this form to file a grievance if you believe DOA has not provided satisfactory accommodation for a disability.

You may submit your grievance to:

Anthony Gregory  
DOA ADA Coordinator  
Palm Beach County Department of Airports  
1000 James L. Turnage Blvd.  
West Palm Beach, FL 33406-1470  
Email: [agregory@pbc.gov](mailto:agregory@pbc.gov)

### **Grievant Information**

|                                                                                                                                                |                                                |               |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------|------------------|
| <b>Grievant Name:</b>                                                                                                                          |                                                |               |                  |
| <b>Address:</b>                                                                                                                                | <b>City:</b>                                   | <b>State:</b> | <b>Zip Code:</b> |
| <b>Home Telephone Number:</b>                                                                                                                  | <b>Business or Alternate Telephone Number:</b> |               |                  |
| <b>Other Contact Information:</b>                                                                                                              |                                                |               |                  |
| <b>Description of Alleged Violation (Please include specific information, including the date, time and location of the alleged violation):</b> |                                                |               |                  |
|                                                                                                                                                |                                                |               |                  |

**Description of Alleged Violation (cont.):**

**Requested Remedy:**

**Please advise if this grievance has been filed with the Department of Justice, another government agency or court:**

**Government Agency or Court Name:**

**Contact Person:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Telephone Number:**

**Date Grievance Filed:**

**Other Information or Comments:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_