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
846 Airport Center Drive
West Palm Beach, FL 33406
Email: agregory@pbc.gov

Grievant Information

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

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:** _____