



City of Bradenton Title VI and ADA Discrimination Grievance Form

The City of Bradenton does not tolerate discrimination in any of our services, programs or activities. If you believe that you have been discriminated against, we respectfully request that you complete this form.

Please fill out the information below and return this form to ADA/Title VI Coordinator, City of Bradenton – 101 Old Main Street, Bradenton, FL 34205. FAX: 941-932-9546 or ADACoordinator@cityofbradenton.com.

First Name:

Last Name:

Street Address or P.O. Box Number:

City:

State:

Zip Code:

Home Phone Number:

Alternate Phone Number:

Reason for grievance/complaint. Describe why you feel the service, program or activity was inaccessible or discriminatory. Please be specific and provide as much detail as possible including: location, date, time, and name of individual:

Please state what you think should be done to resolve the complaint or grievance:

Signature:

Date:

Please attach any written material pertaining to your case to this Complaint.

If you have any questions about this form, need an accommodation, or an alternative format, please contact the ADA/Title VI Coordinator at 941-932-9470.