



Town of Lake Placid

ADA COMPLAINT/GRIEVANCE

Instructions: Please fill out this form completely, using black ink or typing. Sign and send it to the address at the bottom of the page or attached to an email at the bottom of the page.

REPORTING INDIVIDUAL NAME: _____

Party preparing this form if different from above: _____

Relationship to complainant: _____

Address or reporter: _____ City: _____ State: _____ Zip: _____

Telephone(s): _____ Email: _____

Please specify any location(s) related to complaint or grievance (if applicable):

Please specify any location(s) related to complaint or grievance (if applicable):

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

Please deliver this form to:
Town Administrator Phil Williams, 1069 US 27 North , Lake Placid, Fl. 33852 Use additional sheets as needed.
Signature of person submitting form: _____

ACTION TAKEN

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA Program Coordinator at the address listed above, or e-mail: lakeplacidinfo@gmail.com

Grievance Procedure under the Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Town. The Town's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant, and location, date and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 90 calendar days after the alleged violation to:

Phil Williams, Town Administrator for the Town of Lake Placid
1069 US 27 North
Lake Placid, Fl. 33852
863-699-3747 (phone)
Town website ADA is <http://www.lakeplacidfl.net/admin/accessibility.html>

Within 15 calendar days after receipt of the complaint, the ADA Coordinator will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator will respond in writing, and, where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the Town and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision, within 15 calendar days after receipt of the response, to the Town Administrator or his/her designee.

Within 15 calendar days after receipt of the appeal, the Town Administrator or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Town Administrator or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA Coordinator, appeals to the Town Administrator or his/her designee, and responses will be retained by the Town for at least three (3) years.