



**City of Sarasota  
Americans With Disabilities Act  
Citizens Grievance Procedure**

Any individual who feels that there is a need for a reasonable accommodation in the provision of a program or service operated by the City of Sarasota shall have the ability to file a formal grievance, have the grievance responded to, and have the right to request an appeal if dissatisfied with the resolution of this grievance.

**Please fill out the information below and return this form to the Manager of  
Employee Relations, City of Sarasota Human Resources, 111 S. Orange Ave.  
Sarasota Florida, 34236.**

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Description of concern \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(use additional paper if needed)

City employee: \_\_\_\_\_

(if known) with whom you had contact regarding this issue:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print your name