



Complaint Procedure

Any qualified disabled person who believes Manatee County Government has not complied with its obligations under Title II of the ADA related to the County's programs, services and activities may submit a complaint to the County's designated ADA Coordinator.

It is preferred that complaints be submitted in a written format such as letter or e mail. However, if the complainant cannot, due to his/her disability, submit a written complaint, the ADA Coordinator will explore alternative means of filing complaints, such as recorded statements, personal interviews or phone calls.

Complaints must include information about the individual filing the claim such as name, address, e mail and phone number; the location, date and description of the alleged violation; the name of the program or staff member that failed to comply; and the efforts, if any, made by the complainant to achieve voluntary compliance.

The complaint should be submitted by the complainant as soon after the alleged non-compliance as possible but not later than sixty (60) calendar days after the alleged violation. Within thirty (30) calendar days after receipt of the complaint by the ADA Coordinator, the ADA Coordinator or authorized designee will contact the complainant to review the complaint for completeness and accuracy and obtain any additional needed information. Within 60 calendar days thereafter, the ADA Coordinator will provide the complainant with a written response. This response may not resolve or conclude the matter.

Where appropriate, the response will be provided in a format accessible to the complainant. The response will explain the position of Manatee County Government and offer options for substantive resolution of the complaint. Manatee County Government's desired outcome in these cases will always be to work as much as possible to arrive at a positive resolution of the subject of any ADA Title II complaint.

Confidential Information

Persons making complaints may, if needed to verify disability, submit medical information. However, any records submitted, unless exempt under Florida or federal law, will be subject to inspection under the Florida Public Records Act.

Records

All records made or received by the ADA Coordinator associated with complaints of non-compliance will be retained by his/her office for the longer of three (3) years or the period required for retention of such records set forth in the Florida Public Records Act Records Retention Schedule.

Instructions:

Please see the attached form and mail to the following address below.

Mail to:

Kimberly Middleton
ADA Compliance Coordinator

5502 33rd Avenue West
Bradenton, FL 34209

Or, if you prefer, you may email the form to: Kimberly.Middleton@mymanatee.org

Thank you for helping us achieve accessibility standards.



Complaint Form

Title II of the Americans with Disabilities Act

Manatee County will make all reasonable modifications to ensure that people with disabilities will have equal opportunities in our activities, programs, and services. If you believe that your rights under the ADA have been denied, we respectfully request you complete this form to provide opportunities for us to improve.

Instructions: Please fill out this form completely, and return to:

Manatee County ADA Coordinator

5502 33rd Avenue Drive West

Bradenton, Florida 34209

Email: Kimberly.Middleton@mymanatee.org

Phone: 941-742-8923 ext. 6012

Complainant/Name:

Telephone:

Address:

City, State, and Zip Code:

Email:

Describe the situation or way in which you feel the activities, programs, or services were and/or are inaccessible or your rights were otherwise denied. Please include the names of the individuals who were involved in the occurrence (add additional sheets if needed):

**JAMES
SATCHER**

District 1

**AMANDA
BALLARD**

District 2

**KEVIN
VAN OSTENBRIDGE**

District 3

**MIKE
RAHN**

District 4

**JASON
BEARDEN**

At Large

**GEORGE W.
KRUSE**

At Large

Describe the requested action to resolve the complaint (add additional sheets if needed):

Did anyone witness the incident? YES_____ NO_____

If yes, provide witness contact information (add additional sheets if needed to provide additional witnesses).

Witness name:

Telephone number:

Address:

City, State, and Zip Code:

Have efforts been made to resolve this complaint through contact with the County? YES_____ NO_____

If yes, what is the status of the complaint?

Has a complaint been filed with the Department of Justice or other Federal, State, or local civil rights agency? YES_____ NO_____

If yes, which Agency?

Agency:

Contact Person:

Address:

City, State, and Zip Code:

Date Filed:

Telephone Number:

E-mail address:

What is the status of the complaint filed?

Signature: _____

Date: _____