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 email. However, if the complainant cannot, due to his/her disability, submit a written complaint, the ADA Coordinator will explore alternative means of filing grievances, such as recorded statements, personal interviews or phone calls.

Complaints must include information about the individual filing the claim such as name, address, email 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 complete the attached form and mail it to the following address:

Mail To:

Manatee County ADA Coordinator

1112 Manatee Avenue West
Bradenton, FL 34205

Or, if you prefer, you may email the form to: Alex.Palmer@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 individuals with disabilities have equal opportunities to participate in our activities, programs, and services. If you believe your rights under the ADA have been denied, we respectfully request that you complete this form so that we may review your concerns and identify opportunities for improvement.

Instructions: Please complete this form and return it to:

Manatee County ADA Coordinator
1112 Manatee Avenue West
Bradenton, Florida 34205

Email: Alex.Palmer@mymanatee.org
Phone: 941-745-4501, Ext. 8217

Complainant Name: _____

Telephone: _____

Address: _____

City, State, and ZIP Code: _____

Email: _____

Describe the situation or manner in which you believe the activities, programs, or services were and/or are inaccessible, or explain how your rights were otherwise denied. Please include the names of any individuals involved in the occurrence (attach additional sheets if necessary):

_____

_____

_____

Describe the requested action to resolve the complaint (attach additional sheets if necessary):

_____

_____

_____

Did anyone witness the incident?

YES _____ NO _____

If yes, please provide witness contact information (attach additional sheets if necessary).

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, which agency?

Agency: _____

Contact Person: _____

Address: _____

City, State, and ZIP Code: _____

Date Filed: _____

Telephone Number: _____

Email Address: _____

What is the status of the complaint filed?

_____

_____

Signature: _____

Date: _____