



Palm Beach County Department of Airports Americans with Disabilities Act Grievance Procedure

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA") and Section 504 of the Rehabilitation Act of 1973, and their respective implementing regulations. 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 of the Palm Beach County Department of Airports ("DOA"). Palm Beach County's personnel policies govern employment-related complaints of disability discrimination and are not addressed by this Grievance Procedure.

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 60 calendar days after the alleged violation to:

Laura Beebe, DOA ADA Coordinator
Palm Beach County Department of Airports
846 Palm Beach International Airport
West Palm Beach, FL 33406-1470
E-mail: laura.beebe@pbia.org

Within 15 calendar days after receipt of the complaint, the DOA ADA Coordinator or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the DOA ADA Coordinator or her designee 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 Palm Beach County Department of Airports and offer options for substantive resolution of the complaint. The response will also identify applicable appeal procedures as outlined below.

If the response by the DOA ADA Coordinator or her designee 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 Brad Merriman, Assistant County Administrator, or his designee ("Appeal Officer").

Within 15 calendar days after receipt of the appeal, or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Appeal Officer 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 DOA ADA Coordinator or her designee, appeals to the Appeal Officer, and responses from these two offices will be retained by Palm Beach County for at least three years.



Palm Beach County Department of Airports Americans with Disabilities Act Grievance Form

In accordance with Title II of the Americans with Disabilities Act (ADA) of 1990, it is the intention of the Palm Beach County Department of Airports (DOA) to provide access to all services associated with its operation and to all persons with disabilities. Please use this form to file a grievance if you believe the Palm Beach County Department of Airports has not provided satisfactory accommodation for a disability.

You may submit your grievance to:

Laura Beebe
DOA ADA Coordinator
Palm Beach County Department of Airports
846 Palm Beach International Airport
West Palm Beach, FL 33406-1470
E-mail: laura.beebe@pbia.org

Grievant Information

Grievant Name:			
Address:	City:	State:	Zip Code:
Home Telephone Number: () -		Business or Alternate Telephone Number: () -	
Other Contact Information:			
Description of Alleged Violation (Please include specific information, including the date, time and location of the alleged violation):			

Description of Alleged Violation (cont.):

Requested Remedy:

Please advise if this grievance has been filed with the Department of Justice, another government agency or court:

Government Agency or Court Name:

Contact Person:

Address:

City:

State:

Zip Code:

Telephone Number:

() -

Date Grievance Filed:

Other Information or Comments:

Signature: _____

Date: _____