

City of Marathon

ADA Complaint / Grievance Form

Complainant: _____

Person Preparing Complaint (if different from Complainant): _____

Relationship to Complainant (if different from Complainant): _____

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Please provide a complete description of the specific complaint or grievance: _____

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

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

Please attach additional pages as needed.

Please do not contact me personally.

Signature: _____ Date: _____

Return to: David Migut, ADA Coordinator
City of Marathon
9805 Overseas Hwy
Marathon, FL 33050

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 Coordinator at the address listed above, at (305)289-4103 (v), , fax (305) 743-3667 or e-mail: migutd@ci.marathon.fl.us.