

Canaveral Port Authority
Americans with Disabilities Act (“ADA”)

Grievance Form

Complainant (Print Name):	Address:
Name of person preparing form (if different from complainant):	
Phone Number:	
Please specify the date and address or location related to the complaint or grievance:	
Nature of complaint or grievance (<i>please provide a complete description of the condition you encountered, use additional pages or attach documentation if needed</i>):	
Please state what you think should be done to resolve the complaint or grievance:	
Signature:	Date:
Please note that you will be contacted within 15 calendar days of receipt of this form.	

Return this form to:

Canaveral Port Authority
445 Challenger Road, Suite 301
Cape Canaveral, FL 32920
Attn.: ADA Coordinator

This form may also be e-mailed to: <ADA@portcanaveral.com>

Upon request, reasonable accommodation will be provided in completing this form by contacting the ADA Coordinator at address or e-mail listed above.