

**SEMINOLE COUNTY LEISURE SERVICES, FLORIDA
AMERICANS WITH DISABILITIES ACT
ACTION REQUEST FORM**

Please complete this form and return it:

For Public: ADA Coordinator 1101 East 1 st Street Sanford, FL 32771 HR@seminolecountyfl.gov	For Employees or applicants: Chief Administrator of Human Resources 1101 East 1 st Street Sanford, FL 32771 cbrandolini@seminolecountyfl.gov
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If you prefer a non-written format to submit request or a complaint, please call:

Public: (407)665-7940	Employee or applicant: (407)665-7940
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☐ Check here if a request for accommodation. Public requests for accommodation must be received at least 10 business days before the date the accommodation is needed.

☐ Check here to file a complaint of alleged discrimination in Town programs, facilities, employment or services. Complaint must be filed within 60 calendar days of alleged offense.

Name:	
Name if representative, parent or guardian:	
Address:	
Telephone:	
Email address:	
Date of Incident (if applicable) :	

DESCRIPTION OF PROBLEM

Please give a detailed description (including names/telephone numbers of any witnesses if reporting a problem).

DESCRIBE YOUR ACCOMMODATION REQUEST

Please be as specific as possible

Your name: _____

Date: _____

Your signature: _____

Received by Human Resources Office on: _____

