

**CITY OF VERO BEACH REGIONAL AIRPORT  
Americans with Disabilities Act Grievance Form**

In accordance with Title II of the Americans with Disabilities Act (ADA) of 1990, the City of Vero Beach Airport makes all programs and services associated with its operation of City of Vero Beach Airport accessible to all persons with disabilities. Please use this form to file a grievance if you believe that you were denied access to an airport program or service based on disability.

You may submit your grievance to:

**Lee-Anna Otis, Business Specialist / ADA Coordinator**, 3400 Cherokee Dr., Vero Beach, FL 32960, or email to [LOtis@covb.org](mailto:LOtis@covb.org) or by calling **(772) 978-4930**.

<b>Grievant Name</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone with area code</b> (    )    -		<b>Business or Cell Phone with area code</b> (    )    -	
<b>E-mail address</b>			

**Description of Alleged Violation and Requested Remedy – Please include date, time, location and specific information. Please use additional sheets of paper if necessary.**

**Please advise if this grievance has been filed with the U.S. Department of Justice, another government agency or in court, and if so, please provide contact information of that agency or court and the date when the grievance was filed.**

Thank you.

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**Signature**

\_\_\_\_\_

**Date**