



Miami-Dade Sheriff's Office  
Human Resources Office

**AMERICANS WITH DISABILITIES ACT  
REQUEST FOR ACCOMMODATION AND GRIEVANCE FORM**

**Section 1. The Miami-Dade Sheriff's Office (MDSO) strives to provide the same level of services and access to activities, programs, and benefits to individuals regardless of disability.** This form is to be completed by any qualified individual wishing to request an accommodation in order to partake in one of our services, activities, or programs or claiming a violation of the Americans with Disability Act.

Please type or print clearly and attach any supporting documents. If you need help completing this form, contact the Human Resources Office at (305) 471-1945. TTY users call the Florida Relay Center at 7-1-1 or 800-955-8771. In person meetings can also be requested. After completing the form, mail it along with any attachments to the Human Resources Office at **9105 NW 25th Street, Suite 1095, Doral, Florida 33172.**

Last Name	First Name	Middle Initial	Home Telephone
Mailing Address (Street Name and Number)		Apt. #	Cellular Telephone
City	State	Zip Code	Work Telephone
Name and location of service, activity, or program			Email

1. Provide a statement detailing your request for accommodation or grievance, and the facts upon which it is based.

2. Provide supportive information or the names and contact information for any witnesses who can provide such information.

3. Requested remedy or solution.

*Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a MDSO program, service, or activity, should submit this form as soon as possible, but no later than 48 hours prior to the scheduled event. If the request is for an activity or program occurring within the 7 days, please advise the HRO at the time you submit this form.*

*The MDSO may invoke the course of action described in the regulations implementing the ADA (28 C.F.R. §35.164) when modifications would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens.*

Signature	Date
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Signature of Human Resources Office Representative to acknowledge receipt	Date received
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**HUMAN RESOURCES OFFICE RECOMMENDATION**

**Section 2. To be completed by the Human Resources Office Commander or designee.**  
Please attach any relevant documents regarding the service, activity, or program.

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1. I recommend that the requested accommodation or remedy be: ( ) Approved ( ) Denied ( ) Other

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2. If recommending approval, describe the specific accommodation(s) to be provided. If recommending denial, please state justification.

Signature	Date
Name and Title	Work Telephone

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**MIAMI-DADE SHERIFF'S OFFICE DECISION**

**Section 3. To be completed by the Undersheriff's Office.**

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1. The Human Resources Office's Recommendation is: ( ) Approved ( ) Denied ( ) Other

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2. If different from the recommendation in Section 2, describe the specific accommodation(s) to be provided or state the justification for denial.

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Signature	Date
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**c: Human Resources Office  
General Counsel's Office**