



GRIEVANCE FORM

Instructions: Fill form out as completely as possible, then send to Jackie Lambert, 2700 6th Avenue South, Lake Worth, Florida 33461 or email to pbcparcs@pbcgov.org.

Today's Date: _____

Your Name: _____

Your Address: _____

Your Contact information (telephone/email): _____

Reason for complaint/grievance: ***Please be as specific as possible including the specific location, day, date, time of day, name(s) of individuals involved, why you feel you have been discriminated against.***

Your Signature: _____

Your complaint will be investigated and we will respond to you within fifteen business days. If you would like to request this document in accessible format call 561-966-6640 or email pbcparcs@pbcgov.org.