

**Title II of the Americans with Disabilities Act  
The Sulzbacher Center Grievance Form**

**Instructions:** Sign and return original with signature to:

**Patrick Finn-Schultz**  
Shelter Manager and ADA Coordinator  
The Sulzbacher Center  
611 East Adams Street office 102  
Jacksonville, FL 32202

**This information will be held in confidence unless instructed otherwise by you. Please note that this grievance form applies to facilities, services and programs owned and or operated by The Sulzbacher Center.**

Please fill out this form completely (Shaded boxes).

**Your name** (*complainant*):

**Address:**

**Telephone numbers:** *Home:*

*Work:*

*Cell:*

**E-mail address:**

Reason for grievance/complaint, or why you feel you have been discriminated against. Please be specific and provide as much information as possible, i.e. location, date, time, names, etc.

**Your Signature:**

**Date:**

If you have questions about this form, need an accommodation or a different format, please contact the ADA coordinator Patrick Finn-Schultz at 904.394.1658, (TTY 394-0475), or email [patrickfinn@tscjax.org](mailto:patrickfinn@tscjax.org)

Please allow The Sulzbacher Center 15 days to respond to your complaint and an additional 15 days to investigate. Please refer back to The Sulzbacher Center's Grievance Procedure under the Americans with Disability Act for additional information.