



City of North Miami
ADA Compliance Complaint



I. Contact Information:

Name _____
Home Address _____ Apt. _____
City _____ State _____ Zip Code _____
Phone Number _____
E-mail Address _____

II. Incident Information:

Date of Incident: _____ Year: _____ Time: _____ AM or PM
Bus/Route Number (if available) _____

Describe the nature of the complaint:

Signature: _____ Date: _____

Please submit this form to:
City of North Miami
776 NE 125th Street
North Miami, FL 33161
ATTN: Deputy City Manager

Or email to: ASorey@northmiamifl.gov

