



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
AMERICANS WITH DISABILITIES ACT (ADA)
NOTICE OF ADA BARRIER**

Date: _____

Name of Complainant (*Please Print*): _____

Address of Complainant: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Name of DJJ Facility: _____

Address of DJJ Facility: _____

City: _____ State: _____ Zip Code: _____

Please provide a brief description of the barrier that you have encountered or observed:

Suggested Resolution (*to be completed by DJJ staff*):

Barrier(s) removed on: _____

Signatures:

DJJ Facility/Building Representative Date

Regional ADA Coordinator Date

DJJ ADA Administrator Date