ADA Complaint Form

Title II of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. ADA complaints must be filed writing 180 days from the date of the alleged discrimination. Complete this form and mail or deliver to:

City of La Junta, 601 Colorado Avenue, La Junta, CO 81050

Contact us Monday – Friday, 8 a.m. – 5 p.m. at 719-384-2578 or email mscofield@ci.la-junta.co.us

1) Complainant’s Name: __________________________________________________________
   Address: _____________________________________________________________________
   City: __________________________ State: ____________ ZIP Code: _______________
   Telephone No. (Home/Cell): ____________________ Business: ____________________

2) Person who has discrimination complaint (if other than complainant):
   Name: _____________________________________________________________________
   Address: ___________________________________________________________________
   City: __________________________ State: ____________ ZIP Code: _______________
   Telephone No. (Home/Cell) ____________________ Business: ____________________

3) Organization complaint is about:
   Name: _____________________________________________________________________
   Address: ___________________________________________________________________
   City: __________________________ State: ____________ ZIP Code: _______________
Telephone No.: __________________________________________________________

4) Date of incident resulting in complaint: _____________________________________________

5) Describe the complaint: What happened and who was responsible? (provide name when possible of all individuals involved). For additional space, attach additional sheets of paper as necessary.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6) Where did the incident take place? ________________________________________________

7) Witnesses? Please provide their contact information

   Name: ________________________________________________________________________

   Address: _____________________________________________________________________

   City: ___________________ State: _________ ZIP Code: ________________

   Telephone No.: ______________________________________________________________

   Name: ________________________________________________________________________

   Address: _____________________________________________________________________

   City: ___________________ State: _________ ZIP Code: ________________

   Telephone No.: ______________________________________________________________

8) Have efforts been made to resolve this complaint through the internal grievance procedure of the organization? ______ Yes ______ No

   If yes, what is the status of the grievance? _______________________________________

9) Did you file this complaint with another federal, state or local agency or with a federal or state court? ______ Yes ______ No

   If the answer is yes, check each agency the complaint was filed with:
___ Federal Agency  ___ Federal Court  ___ State Agency  ___ State Court  ___ Local Agency

Please provide contact information for the agency/court:

Name: __________________________________________________________________

Address: __________________________________________________________________

City: ___________________ State: ____________ ZIP Code: _____________________

Telephone No. : __________________________________________

Date filed: _________________________________

Sign the complaint in the space below. Attach any documents you believe support your complaint.

________________________________________    _____________________________
Complainant’s Signature                              Signature Date