



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 within 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