

Americans with Disabilities and Section 504 of the Rehabilitation Act of 1973 Complaint Form Regarding a City of Fort Collins Service, Program or Activity

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA") and Section 504 of the Rehabilitation Act of 1973, the City of Fort Collins (the "City") will not discriminate against qualified individuals with disabilities on the basis of disability in its facilities, services, programs, or activities.

Note: the following information is necessary to assist the City in processing a complaint. If any person interested in filing complaint needs assistance, including sign language assistance, documents in Braille or other ways of making information and communications accessible, please contact the City's ADA Coordinator Monday – Friday, 8 a.m. – 5 p.m. via email at adacoordinator@fcgov.com or by calling (970)416-4254.

Complete this form and return it to:

ADA Coordinator
City Manager's Office
City of Fort Collins
P.O. Box 580
Fort Collins, CO 80522

Or send the form by email to adacoordinator@fcgov.com.

1. Complainant's name _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone number (Home/cell): _____ (Business): _____

2. Person discriminated against (if someone other than Complainant)
Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone number (Home/cell): _____ (Business): _____

3. City of Fort Collins agency, facility, department, or program complaint is about:
Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone number: _____

4. Date of incident resulting in complaint: _____

5. In your own words, describe the circumstances leading to this complaint. What happened and who was responsible? If possible, provide names of the individuals involved. For additional space, attach additional sheets of paper as necessary.

6. If you've not already provided this in response to number 6 above, where did the incident take place? Please provide as much information about the location as possible.

7. Were there any witnesses to the incident? If yes, please provide as much information as possible about any witness or witnesses.

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone number (Home/cell): _____ (Business): _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone number (Home/cell): _____ (Business): _____

8. Have any efforts been made to file or resolve this complaint through the internal grievance procedure of any City of Fort Collins department?

Yes No

If yes, what is the status of the grievance?

9. Have you filed a complaint about this same incident with any other federal, state or local governmental agency or with a federal or state court? Please check any that apply.

Federal agency: _____

Federal court: _____

State agency: _____

State court: _____

Local agency: _____

Other: _____

Please provide the contact information of the person with the agency/court/other:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone number: _____

Date filed: _____

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

Complainant's Signature

Signature Date