TITLE II ADA COMPLAINT FORM

Federal Heights

Instructions: Please complete and return this form to:
ADA Coordinator
2380 W. 90th Ave
Federal Heights
Fax: 303-428-3298
Email: cjohnson@fedheights.org

Your Name: ___________________________  Email: ________________________________

Address: _________________________________________________________________

Phone number where you can be reached 8:00 A.M. to 5:00 P.M. ______________________

Is this a TDD number? Yes _____  No _____

Reason for grievance/complaint or why you feel you have been discriminated against. Please be specific and provide as much information as possible including date, time, location, names of people present, etc.

What do you think should be done?

Your signature: ___________________________  Date: _________________

If you need assistance completing this form or require a different format or other accommodation, please contact the ADA Coordinator at 303-412.3520 or cjohnson@fedheights.org.

Please allow up to 45 days for us to investigate and respond to your complaint.

December 2018