



Americans with Disabilities Act Complaint Form

Purpose and Information

In accordance with the requirements of Title II of the American with Disabilities Act of 1990 (“ADA”) and Section 504 of the Rehabilitation Act of 1973, the City of Loveland (the “City”) will not discriminate against qualified individuals with disabilities on the basis of disability in its facilities, services, programs, or activities.

The following information is necessary to assist the City in processing a complaint. Incomplete or inaccurate information may delay or significantly prevent the City from processing your complaint.

Requesting Reasonable Accommodations

If any person interested in filing a complaint needs assistance, including sign language assistance, documents in Braille or other ways of making information and communications accessible, they should contact the City’s ADA Coordinator using the information provided under “Who to Contact About this Form.”

How to Complete this Form

Unless otherwise noted, all fields are required. The completed form, as well as any attachments that you believe support your claim, may be returned via:

1. Email: ADACoordinator@cityofloveland.org
2. Fax: 970-962-3402
3. Postal Mail or In-Person:
Attn: Jason Smitherman, ADA Coordinator
City of Loveland
500 E. 3rd St., Ste. 300
Loveland, CO 80537

All written complaints received by the ADA Coordinator, appeals to the City Manager, and responses from these two offices will be retained by the City for at least three (3) years.

Who to Contact About this Form

The City’s ADA Coordinator can help answer any questions about this form.

- Department: Human Resources, Risk Management Division
- Contact: Jason Smitherman, ADA Coordinator
- Location: 500 E. 3rd St., Suite 300, Loveland, CO 80537
- Email Address: ADACoordinator@cityofloveland.org
- Phone Number: 970-962-3319
- Normal Office Hours: Monday through Friday, 8 a.m. to 5 p.m.



Americans with Disabilities Act Complaint Form

<p>Print your name Use your name as it appears on legal documents.</p>	1	First _____ Last _____
<p>The address where you receive mail</p>	2	Street Address _____ City/Town _____ State _____ ZIP Code _____
<p>Contact info</p>	3	Email Address _____ Phone _____
<p>Who the complaint is about</p>	4	Provide as much information about the City agency, facility, department or program the complaint is about. Name _____ Street Address _____ City/Town _____ State _____ ZIP Code _____ Email Address _____ Phone _____
<p>Prior efforts to file or resolve this complaint Optional.</p>	5	If you have made efforts to file or resolve this complaint through the internal grievance procedure of any City department, provide as much information about the status of the grievance. _____ _____ _____
<p>When the incident took place</p>	6	Date (MM/DD/YY) _____
<p>Where the incident took place Complete only if not already provided in section 4.</p>	7	Provide as much information about the location as possible. _____ _____ _____



Americans with Disabilities Act Complaint Form

About the incident

You may attach additional sheets of paper as necessary.

In your own words, describe the circumstances leading to the complaint. Please provide what happened, who was responsible, and the names of the individuals involved (if applicable).

8

Witnesses to the incident

Complete only if there were witnesses to the incident. Provide as much information about the witness(es) as possible.

Primary Witness

Name _____

Street Address _____

City/Town _____ State _____ ZIP Code _____

Email Address _____ Phone _____

9

Secondary Witness

Name _____

Street Address _____

City/Town _____ State _____ ZIP Code _____

Email Address _____ Phone _____



Americans with Disabilities Act Complaint Form

Other complaints

Complete only if you have filed a complaint about this same incident with a governmental agency or court.

Select all that apply.

You may attach additional sheets of paper as necessary.

10

- Federal Agency Name: _____ Date Filed: _____
- Federal Court Name: _____ Date Filed: _____
- State Agency Name: _____ Date Filed: _____
- State Court Name: _____ Date Filed: _____
- Local Agency Name: _____ Date Filed: _____
- Local Court Name: _____ Date Filed: _____
- Other Name: _____ Date Filed: _____

Contact Information

Name _____

Street Address _____

City/Town _____ State _____ ZIP Code _____

Email Address _____ Phone _____

Signature

11

I confirm that all the information which I have provided on this form is true and correct.

Sign here

X _____

Date (MM/DD/YY) _____

If you received help with this form

Complete only if you are unable to fill out and sign this form yourself.

12

I received help completing **this form** because I am a minor and/or due to a disability, blindness, or the inability to read or write.

Printed Name of Assistant _____

Relationship to Complainant _____

Street Address _____

City/Town _____ State _____ ZIP Code _____

Email Address _____ Phone _____

Signature of Assistant _____ Date _____