

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 to process your complaint. Assistance is available upon request. ADA complaints must be filed within 180 days of the date of the alleged discrimination. Complete this form and mail or deliver to:

ADA Coordinator, Jan Reece, 300 Laporte Ave., Fort Collins, CO 80521

Phone: 970-416-4254 or Email: adacoordinator@fcgov.com

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) Government, organization, or institution 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 names, if possible, of the individuals involved). For additional space, attach additional sheets of paper as necessary. _____

ADA Complaint Form

6) Where did the incident take place? Please provide location, bus number, etc.

7) Witnesses? Please provide their contact information.

Witness #1 Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home/Cell): _____ (Business): _____

Witness #2 Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home/Cell): _____ (Business): _____

8) Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution? 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 Other

Please provide contact person information for the agency/court/other:

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

Date

TRANSFORT



Revised 4.12.2024