

Montezuma County ADA Complaint Form

Title II of the Americans with Disabilities Act of 1990 prohibits disability discrimination by all public entities at the local level. The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to: Montezuma County Facilities Division

Attn: ADA Complaint Coordinator

109 W. Main St. Ste 250, Cortez, CO 81321

You may e-mail to tanderson@co.montezuma.co.us

1. Complainant's Name _____

2. Address: _____

3. City: State: Zip Code: _____

4. Telephone Number: _____

5. Are you filing this complaint on your own behalf? • Yes • No (If you answered "yes" to this question, please go to question 8.)

6. If you answered "No" to question 5, please describe your relationship to the person (Complainant) for whom you are filing and why you are filing for a third party.

7. Have you obtained permission of the aggrieved party (Complainant) to file this complaint on his or her behalf? • Yes • No

8. Have you previously filed an ADA complaint with Montezuma County? • Yes • No

9. Have you filed this complaint with any other federal, state or local agency or with any federal or state court? • Yes • No

10. If “yes”, please check all that apply: • Federal Agency • Federal Court • State Agency • State Court • Local Agency

11. If filed with an agency and/or court, please provide information for your point of contact at the agency/court where the complaint was filed:

Agency/Court Contact Name Address Phone Number

12. Date of incident: _____

13. If applicable, name of person(s) who allegedly discriminated against you:

14. Please provide a brief explanation of the incident and how you feel you were discriminated against, including how you feel other may have been treated differently than you. If you require additional space or have additional written material pertaining to your complaint, please attach to this form.

15. Why do you believe this event occurred?

16. How can this issue be resolved to your satisfaction?

17. Please list any person(s) we may contact for additional information to support or clarify your complaint:

Name Address Phone Number

18. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature is required to begin investigating your complaint

Complainant's Signature Date