



City of Fountain Complaint / Grievance Form
Title II of the Americans with Disabilities Act

Name of Grievant:

Person Preparing Complaint (if different from Grievant):

Relationship of Preparer to Grievant (if applicable):

Address of Grievant:

City:

State:

Zip:

Phone Number of Grievant:

Email:

Nature of Grievance:

Please provide a complete description of the specific complaint or grievance, including any incident, barrier, or perceived denial of benefit of any service, program, or activity:

Please specify any location(s) related to the complaint or grievance (if applicable):

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

Signature

Date:

Please return this form in hard copy or email it to:

Rosa McCormick
ADA Coordinator
116 S. Main Street
Fountain, CO 80817
719322-2019
rosa@fountaincolorado.org



Upon request, copies of this form will be provided in alternative formats. Please contact The City of Fountain listed above.