



City of Colorado Springs 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:

Robert L. Hernandez
Title II ADA/Section 504 Manager
30 South Nevada Avenue, Suite 301
Colorado Springs, CO 80903
ADACompliance@coloradosprings.gov
719-385-5175



Upon request, copies of this form will be provided in alternative formats. Please contact the Office of Accessibility.