**COMMISSIONERS:**

**DARRYL GLENN (PRESIDENT) MARK WALLER (PRESIDENT PRO TEMPORE)**

**STAN VANDERWERF LONGINOS GONZALEZ JR PEGGY LITTLETON**

Facilities and Strategic Infrastructure Management Services

Facilities ~Security ~Parking ~ Americans with Disabilities Act (ADA)

**El Paso County 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:

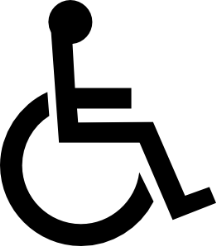
Please specify any location(s) related to the complaint or grievance (if applicable):

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:**



**David Mejia**

**El Paso County**

**Title II ADA/Section 504 Coordinator**

**325 South Cascade Avenue**

**Colorado Springs, CO 80903**

**ADACompliance@elpasoco.com**

**(719) 520-6866**

Upon request, copies of this form will be provided in alternative formats. Please contact the ADA Coordinator listed above.



325 SOUTH CASCADE AVENUE, COLORADO SPRINGS, COLORADO 80903 ♦ OFFICE: 719.520.6556 FAX: 719.520.6111 WWW.ELPASOCO.COM