TITLE II (ADA) COMPLAINT FORM

City of Northglenn

Title II Americans with Disabilities Act (ADA) Complaint Form

Please fill out this form completely, sign, date, and return it to:

Paula Jensen
ADA Coordinator
City of Northglenn
11701 Community Center Drive
Northglenn, CO 80233
Phone: 303.450.8877
Fax: 303.254.7610
Email: pjensen@northglenn.org

Your Name (Complainant): ____________________________________________________________
Address: _______________________________________________________________________
Phone number where you can be reached between 8 a.m. – 5 p.m.: _______________________
Is this a TDD number? Yes ______ No ______
Email: _______________________________________________________________________

Reason for grievance/complaint, or why you feel you have been discriminated against. Please be specific and provide as much information as possible including date, time, location, names of people present, etc.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What do you think should be done?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Your Signature: ___________________________ Date: __________________

If you need assistance completing this form or require a different format or other accommodation, please contact Paula Jensen at 303.303.450.8877 or pjensen@northglenn.org.

Please allow up to 45 days following the ADA Coordinator’s receipt of the complaint to investigate and respond to your complaint.