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### **Gilpin County Title II Americans with Disabilities Act (ADA) Complaint Form**

Instructions: Please fill out this form completely. Name and contact information must be provided. Please note that this ADA notification procedure is for facilities, services and programs owned and/or operated by the County of Gilpin.

Sign and return the completed form as follows:

By mail: ADA Coordinator c/o Lori Schrayner, People, Culture, and Finance Director

P.O. Box 366 Central City, CO 80427

By email: [gilpincountyhr@gilpincounty.org](mailto:gilpincountyhr@gilpincounty.org)

Questions: If you have questions about this form, need an accommodation or require a different format, please contact Human Resources at (303) 951-3673 or send an email to [gilpincountyhr@gilpincounty.org](mailto:gilpincountyhr@gilpincounty.org).

Response: Please allow us 30 business days to investigate and respond to your complaint.

#### **NOTIFICATION INFORMATION**

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

Do you require an alternative format for any written follow-up communications? \_\_\_\_\_  
(If yes, please indicate alternative format: \_\_\_\_\_)

Issue or reason for grievance/complaint, or why you feel you have been discriminated against. Please be specific and provide as much information as possible (i.e. location, date, time, names, etc.).

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(Use a separate sheet if more space is needed.)