



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 Susie Allen, Human Resources Director
 P.O. Box 366
 Central City, CO 80427
By fax: (303) 951-3675
By email: suallen@co.gilpin.co.us

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 suallen@co.gilpin.co.us .

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.). _____

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

Signature

Date