In accordance with the requirements of Title II of the American with Disabilities Act of 1990 (“ADA”) and Section 504 of the Rehabilitation Act of 1973, the City of Loveland (the “City”) will not discriminate against qualified individuals with disabilities on the basis of disability in its facilities, services, programs, or activities.

Note: the following information is necessary to assist the City in processing a complaint. If any person interested in filing a complaint needs assistance, including sign language assistance, documents in Braille or other ways of making information and communications accessible, please contact the City’s ADA Coordinator in the Risk Management Division Monday – Friday, 8 a.m. – 5 p.m. via email at ADACoordinator@cityofloveland.org or by calling 970-962-3319.

Complete this form and return it to:
Jason Smitherman, ADA Coordinator
Risk Management
City of Loveland
500 E 3rd St., Ste. 300
Loveland, CO 80537

Or send the form by email to ADACoordinator@cityofloveland.org or fax to 970-962-3402.

1. Date of incident resulting in complaint: _____________________________

2. Complainant’s Name:___________________________________________
Address: ______________________________________________________
City: ____________________State:_____________ Zip Code: ___________
Daytime phone number: ____________ Email: ________________________

3. Person Discriminated against (if someone other than Complainant)
Name: ________________________________________________________
Address: ______________________________________________________
City: ____________________State:_____________ Zip Code: ___________
Daytime phone number: ____________ Email: ________________________
4. City of Loveland agency, facility, department, or program complaint is about:  
Name of agency/facility/department/program: _______________________
Address: ________________________________________________________
City: __________________ State: __________ Zip Code: __________
Daytime phone number: ____________ Email: ________________________

5. In your own words, describe the circumstances leading to this complaint.  
What happened and who was responsible? If possible, provide names of the 
individuals involved. For additional space, attach additional sheets of paper 
as necessary. ____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. If you have not already provided this in response to number 5 above, where 
did the incident take place? Please provide as much information about the 
location as possible. ______________________________________________________
______________________________________________________________________________
______________________________________________________________________________

7. Were there any witnesses to the incident? YES / NO  If yes, please provide 
as much information as possible about any witness(es).
Name: _________________________________________________________________
Address: _______________________________________________________________
City: __________________ State: __________ Zip Code: __________
Daytime phone number: ____________ Email: ________________________

Name: _________________________________________________________________
Address: _______________________________________________________________
City: __________________ State: __________ Zip Code: __________
Daytime phone number: ____________ Email: ________________________
8. Have any efforts been made to file or resolve this complaint through the internal grievance procedure of any City of Loveland department?
   YES / NO If yes, what is the status of the grievance? ____________________________
   ________________________________________________________________

9. Have you filed a complaint about this same incident with any other federal, state or local governmental agency or with a federal or state court? Please check any that apply:
   ___ Federal agency: _________________________________________________
   ___ Federal Court: _________________________________________________
   ___ State agency: _________________________________________________
   ___ State court: _________________________________________________
   ___ Local agency: _________________________________________________
   ___ Other: ___________________________________________________________________

10. Please provide the contact information of the person with the agency/court/other:
    Name: ___________________________________________________________________
    Address: ___________________________________________________________________
    City: ____________________ State: ___________ Zip Code: ___________
    Daytime phone number: __________ Email: ____________________________
    Date filed: ___________________________________________________________________

    __________________________
    Complainant’s Signature

    __________________________
    Date