



**Americans with Disabilities and Section 504 of the
Rehabilitation Act of 1973 Complaint Form Regarding a City of
Loveland Service, Program or Activity**

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: _____

Sign the complaint in the space provided below. Attach any documents you believe support your complaint.

Complainant's Signature

Date