

CITY OF SALIDA
ADA GRIEVANCE FORM

Under Title II of the Americans with Disabilities Act (ADA) the City of Salida is required to make City facilities, services and programs accessible to people with disabilities and in compliance with the ADA. If you feel that you have not been able to access Salida City government because of an accessibility issue, or have been discriminated against based on your disability, please fill out this form. Your complaint will be investigated and you will be contacted with the results, or how to further proceed. This form and process are designed to provide you with the opportunity to quickly and effectively resolve any issue(s) as they relate to the ADA and the City of Salida. For organizations or businesses outside the City's responsibility please contact the Department of Justice at 1-800-514- 0301.

Instructions: Please fill out this form completely. Sign and return to: City of Salida, Attn: Christy Doon, 448 East 1st Street, Suite 112, Salida, CO 81201. This information will not be shared with anyone outside the City organization unless instructed otherwise by you. Please note that this grievance procedure is for facilities, services and programs owned and or operated by the City of Salida.

Your name (complainant): _____

Address: _____

Telephone Numbers:

Home _____ Work _____ Cell _____

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.

Your signature _____

If you have questions about this form, please contact Christy Doon at 719-530-2624 or email adacoordinator@cityofsalida.com.

Please allow us 15 business days to investigate and respond to your complaint. City of Salida administrative office hours are 9 am – 4 pm.