



# A.D.A Grievance Form

## Title II of the American with Disabilities Act City of Craig Internal Grievance Procedure

Instructions: Please fill out this form completely. Sign and return to: City of Craig – ADA Coordinator, 300 West 4th Street, Craig, CO 81625. This information will be held in confidence 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 Craig.

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.

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Your Signature \_\_\_\_\_

If you have questions about this form, need an accommodation, or a different format, please contact the Craig ADA Coordinator at (970)826-2008 or email [kcarmody@cityofcraig.org](mailto:kcarmody@cityofcraig.org).

**Please allow us 15 business days to investigate and respond to your complaint.**