



City of Englewood Complaint / Grievance Form
Title II of the Americans with Disabilities Act

Name of Grievant: _____

Person Preparing Complaint (if different from Grievant): _____

Relationship of Preparer to Grievant (if applicable): _____

Address of Grievant: _____

City: _____ State: _____ Zip: _____

Phone Number of Grievant: _____ Email: _____

Nature of Grievance:

Please provide a complete description of the specific complaint or grievance, including any incident, barrier, or perceived denial of benefit of any service, program, or activity:

Please specify any location(s) related to the complaint or grievance (if applicable):

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

Signature _____ Date: _____

Please return this form in hard copy or email it to:

Victoria McDermott
Deputy City Attorney and ADA Coordinator
1000 Englewood Parkway
Englewood, CO 80110



Upon request, copies of this form will be provided in alternative formats. Please contact the City Attorney's Office.