

CITY COUNCIL:
GABRIEL ORTEGA (MAYOR)
PHIL THOMAS (MAYOR PRO TEM/WARD 2)
SHARON THOMPSON (WARD 1)
SAM GEICK (WARD 3)



JIM COKE (AT-LARGE)
GREG LAUER (AT-LARGE)
RICHARD APPEGATE (AT-LARGE)

City of Fountain 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:

Rosa McCormick
ADA Coordinator
116 S. Main Street
Fountain, CO 80817
719322-2019
rosa@fountaincolorado.org



Upon request, copies of this form will be provided in alternative formats. Please contact The City of Fountain listed above.