In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA") and Section 504 of the Rehabilitation Act of 1973, the City of Boulder, Division of Housing (the “DOH”) 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 DOH in processing a grievance. If any person interested in filing a grievance needs assistance, including sign language assistance, documents in Braille or other ways of making information and communications accessible, please contact the DOH ADA Coordinator Monday – Friday, 8:00 A.M. 5:00 P.M. via email at conleys@bouldercolorado.gov or by calling (303)441-3231.

Complete this form and return it to:

ADA Coordinator
Shelly Conley, Compliance & Project Manager
City of Boulder, Division of Housing
P.O. Box 791
Boulder, CO 80306

Or send the form by email to conleys@bouldercolorado.gov.

1. Complainant’s name ________________________________________________
   Address: _______________________________________________________
   City: ___________________ State: __________ Zip code: _______________
   Telephone number (Home/cell): _______________ (Business): ____________

2. Person discriminated against (if someone other than Complainant)
   Name: ___________________________________________________________
   Address: _______________________________________________________
   City: ___________________ State: __________ Zip code: _______________
   Telephone number (Home/cell): _______________ (Business): ____________

3. DOH facilities, services, programs, or activities grievance is about:
   Name: ___________________________________________________________
   Address: _______________________________________________________
   City: ___________________ State: __________ Zip code: _______________
   Telephone number: ____________________________________________
4. Date of incident resulting in complaint: ________________________________

5. In your own words, describe the circumstances leading to this grievance. 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’ve not already provided this in response to number 6 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? If yes, please provide as much information as possible about any witness or witnesses.

Name: ___________________________________________________________
Address: __________________________________________________________
City: _______________________ State: __________ Zip code: ______________
Telephone number (Home/cell): _________________ (Business): __________
Name: ___________________________________________________________
Address: __________________________________________________________
City: _______________________ State: __________ Zip code: ______________
Telephone number (Home/cell): _________________ (Business): __________

8. Have any efforts been made to file or resolve this complaint through the internal grievance procedure of the DOH?
   ___ Yes  ___ No
   If yes, what is the status of the grievance?
__________________________________________________________________

9. Have you filed a grievance 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: _______________________________________________________


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Please provide the contact information of the person with the agency/court/other:
Name: ___________________________________________________________
Address: __________________________________________________________
City: _______________________ State: ________ Zip code: ______________
Telephone number: _____________________________________
Date filed: ___________________________________
__________________________________________________________________

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

___________________________________
Complainant’s Signature

___________________________________
Signature Date