# City of Boulder
# ADA Complaint Form

Stewart Ellenberg, ADA Coordinator
P.O. Box 791, Boulder, CO 80306
Phone: (303) 441-73075 Fax: (303) 441-1849
or email ellenbergs@bouldercolorado.gov

**Instructions:** Please fill out the form completely.

**Name:** _____

**Address**: _____**City**: _____

**State:** _____ **Zip Code**: _____

**Home #:** _____ **Work #:** _____ **Cell #:** _____

**Email Address**: _____

**Reason for Grievance/Complaint**: Please be specific and provide as much information as possible, such as location, date, time, names, etc…

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**What do you think should be done to resolve this issue?**

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**Signature:** _____ **Date:** _____

This information will be held in confidence unless instructed otherwise by you.

If you have questions about this form, need an accommodation, or a different format, please contact the City of Boulder ADA Coordinator, Stewart Ellenberg, at (303) 441-3075.

**Sign and return original with signature to:**

Stewart Ellenberg, ADA Coordinator
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**Please allow us 30 business days, from the date of receipt, to investigate and respond to your complaint.**