

City of Lakewood ADA Grievance Form



Lakewood
Colorado

Under Title II of the Americans with Disabilities Act (ADA), the City of Lakewood is required to make city facilities, services and programs accessible to people with disabilities and in compliance with the ADA. If you feel that you have not been able to access Lakewood city government because of an accessibility issue, or have been discriminated against based on your disability, please fill out and submit this form. Your complaint will be investigated, and you will be contacted with the results, or how to further proceed. This form and process are designed to provide you with the opportunity to quickly and effectively resolve any issue(s) as they relate to the ADA and the City of Lakewood. For organizations or businesses outside the city's responsibility, please contact the Department of Justice at 1-800-514-0301.

INSTRUCTIONS

Please fill out this online form completely. If needed, you may click the blue "Save" button at bottom left, which will give you a link so you can return later to finish the form. When completed, please click the green "Submit" button at bottom right to turn in the form and begin the grievance process.

Alternatively, you may [download the form in PDF format](#), print it and fill it out, and return it with any attached files, to:

City of Lakewood Clements Community Center Attn: Dawn Sluder
1580 Yarrow Street
Lakewood, CO 80214

This information will not be shared with anyone outside the city organization unless instructed otherwise by you. Please note that this grievance procedure is for facilities, services and programs owned or operated by the City of Lakewood.

Do you want to remain anonymous? (Select 1 option) Required

- Yes
- No

Complete this field if you selected 'No' in : *Do you want to remain anonymous?*

Your Name (Complainant)

Do not enter if you prefer to remain anonymous

Complete this field if you selected 'No' in : *Do you want to remain anonymous?*

Address

Do not enter if you prefer to remain anonymous

Complete this field if you selected 'No' in : *Do you want to remain anonymous?*

City

Do not enter if you prefer to remain anonymous

Complete this field if you selected 'No' in : *Do you want to remain anonymous?*

State

Do not enter if you prefer to remain anonymous

Complete this field if you selected 'No' in : *Do you want to remain anonymous?*

Zip Code

Do not enter if you prefer to remain anonymous

Complete this field if you selected 'No' in : *Do you want to remain anonymous?*

Phone #1

Enter NA if this does not apply. Do not enter if you prefer to remain anonymous.

Complete this field if you selected 'No' in : *Do you want to remain anonymous?*

Phone #2

Enter NA if this does not apply. Do not enter if you prefer to remain anonymous.

Complete this field if you selected 'No' in : *Do you want to remain anonymous?*

Email Address

If you do not have an email address or do not want to share it, just skip this question. Your email address will be used to send you a completed copy of this form, and may be used to communicate with you during the grievance procedure.

Do not enter if you prefer to remain anonymous.

Nature of grievance/complaint/request? (Please describe) If you are filling out a printed version of this form, feel free to include additional pages as needed. Required

Location of occurrence (please be as specific as possible) Required

Date and time of occurrence Required

Please upload any related photos or documents. (If you are filling out a printed version of this form, be sure to include any photos or documents when you send it to us.)



Please attach all files to the end of this form before submitting it.

Today's Date Required

M	M	D	D	Y	Y	Y	Y
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Complete this field if you selected 'No' in : *Do you want to remain anonymous?*

AFFIRMATION (Select 1 or more options) Required

I understand that by typing my name above and by checking this box, I declare that I have personally completed this report and that the information provided is, to the best of my knowledge, true, correct and complete.

Yes, I understand.

If you have questions about this form, please contact Billy Cooper at 303-987-7612 or email ADACoordinator@lakewood.org

Please allow 15 business days to investigate and respond to your complaint. City of Lakewood administrative office hours are Monday through Friday, 8 a.m. to 4 p.m.

End of form

Don't forget to attach all files before submitting this form