

## **Americans with Disabilities and Section 504 of the Rehabilitation Act of 1973 Grievance Form Regarding a City of Boulder, Division of Housing Services, Programs or Activities**

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](mailto: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](mailto: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: \_\_\_\_\_

Please provide the contact information of the person with the agency/court/other:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date filed: \_\_\_\_\_

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

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Complainant's Signature

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Signature Date