



**City of Brighton**  
500 South 4<sup>th</sup> Avenue  
Brighton, CO 80601  
303-655-2000 Office  
[www.brightonco.gov](http://www.brightonco.gov)  
Email: [ada@brightonco.gov](mailto:ada@brightonco.gov)

## ADA Complaint Form

If you feel that you have not been able to access a City of Brighton program or service because of lack of accessibility, or that you have been discriminated against because of your disability, please fill out this form completely in print or type. Sign and return to the ADA Coordinator via email, fax, mail or in person within 30 days of the alleged incident. Complaints are processed as quickly as possible – please refer to the ADA Complaint Procedure for more information. If you require assistance completing this form, please contact the ADA Coordinator.

### Complainant Information:

FIRST NAME

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LAST NAME

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DAYTIME PHONE (Please include area code)

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ALTERNATE PHONE (Please include area code)

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MAILING ADDRESS

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CITY

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STATE

ZIP CODE

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EMAIL ADDRESS (If available)

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### How would you like us to contact you?

Email

Mail

Telephone

Other (specify) \_\_\_\_\_

### Who do you believe discriminated against you?

NAME OF PERSON(S) COMPLAINT IS ABOUT:

DATE(S) DISCRIMINATION OCCURRED:

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DEPARTMENT/OFFICE:

PHONE (Please include area code):

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BUILDING/LOCATION OF WHERE INCIDENT(S) OCCURRED:

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**Describe briefly the reason for the complaint. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. Attach additional documentation if needed.**

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**Have efforts been made to resolve this complaint directly through the applicable department/office?**

Yes                      No

If yes, what is the status of the complaint?

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**Has the complaint been filed with or do you intend to file the complaint with any Federal, State, or local civil rights agency or court?**

Yes, a complaint has been filed                      Yes, I intend to file a complaint                      No

If yes:

Agency or Court name

Date filed

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Mailing Address, City, State, ZIP Code

Agency contact

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Agency phone number | Other phone number

Email address

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**Please sign and date this request. You do not need to sign if submitting this form by email, just type your name.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Parent or Legal Guardian may sign on behalf of minor child.

Legal Guardian, Power of Attorney, or equivalent may sign on behalf of adult documentation is required.

**For Administrative Use Only:**

**Action taken:**

**Date received:**

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**ADA Coordinator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_