

**TOWN OF BENNETT
ADA GRIEVANCE FORM**

Under Title II of the Americans with Disabilities Act (ADA), the Town of Bennett is required to make Town facilities, services, programs and benefits accessible to people with disabilities. If you feel that you have not been able to access Town of Bennett facilities, services, programs or benefits because of an accessibility issue, or if you feel you have been discriminated against based on your disability, please fill out 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 allow the Town of Bennett to quickly and effectively resolve any issue(s) as they relate to the ADA. For organizations or businesses outside the Town's responsibility please contact the Department of Justice at 1-800-514-0301.

Instructions: Please fill out this form completely. Sign and return to: ADA Coordinator, Town of Bennett, 207 Muegge Way, Bennett, CO 80102.

Please note that this grievance procedure is for facilities, services and programs owned and/or operated by the Town of Bennett.

Your name (complainant): _____

Address: _____

Telephone Numbers:

Home _____ Work _____ Cell _____

Reason for grievance/complaint, or why you feel you have been discriminated against. Please be specific and provide as much information as possible i.e. location, date, time, names, etc.

Your signature _____

If you have questions about this form, please contact Risk Management at 303-644-3249, Ext. 1004, or email ada@bennett.co.us

Please allow us 15 business days to investigate and respond to your complaint. Town of Bennett administrative office hours are Monday through Thursday, 7 a.m. to 5 p.m., and offices are closed on Fridays.