

**Town of Mountain Village  
ADA Complaint Form**



**ADA Complaint Form**

Title II of the Americans with Disabilities Act of 1990 prohibits disability discrimination by all public entities at the local level.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to: Town of Mountain Village, Attn: Disability Rights Coordinator, 455 Mountain Village Blvd – Suite A, Mountain Village, CO 81435. You may e-mail to [rjohnson@mtnvillage.org](mailto:rjohnson@mtnvillage.org).

1. Complainant's Name \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: State: Zip Code: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. Are you filing this complaint on your own behalf? Yes No (If you answered "yes" to this question, please go to question 8.)
6. If you answered "No" to question 5, please describe your relationship to the person (Complainant) for whom you are filing and why you are filing for a third party.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you obtained permission of the aggrieved party (Complainant) to file this complaint on his or her behalf? Yes No
8. Have you previously filed a Title VI complaint with the Town of Mountain Village? Yes No
9. Have you filed this complaint with any other federal, state or local agency or with any federal or state court? Yes No

10. If “yes”, please check all that apply: Federal Agency Federal Court State Agency State Court Local Agency

11. If filed with an agency and/or court, please provide information for your point of contact at the agency/court where the complaint was filed:

Agency/Court	Contact Name	Address	Phone Number
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12. Date of incident: \_\_\_\_\_

13. If applicable, name of person(s) who allegedly discriminated against you:  

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14. Please provide a brief explanation of the incident and how you feel you were discriminated against, including how you feel other may have been treated differently than you. If you require additional space or have additional written material pertaining to your complaint, please attach to this form.  

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15. Why do you believe this event occurred?  

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16. How can this issue be resolved to your satisfaction?  

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17. Please list any person(s) we may contact for additional information to support or clarify your complaint:

Name	Address	Phone Number
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18. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint. **(Please note that the Town of Mountain Village cannot accept your complaint without your signature.)**

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date