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.

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:

<table>
<thead>
<tr>
<th>Agency/Court</th>
<th>Contact Name</th>
<th>Address</th>
<th>Phone Number</th>
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12. Date of incident: _______________________

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

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

15. Why do you believe this event occurred?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
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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