



City of Edgewater ADA GRIEVANCE FORM

This form may be used by any member of the public or guest of the City of Edgewater, Colorado for an unfair or unjust act as related to an individual with a disability. All filed ADA grievance's will be governed in accordance with the City of Edgewater's ADA Grievance Process. Please submit this completed form to the City's ADA Coordinator at Email: tcurtis@edgewaterco.com or at:

Attn: ADA Coordinator Teresa Curtis
Edgewater Civic Center
1800 Harlan St.
Edgewater, Colorado 80214

Name of person filing Grievance ("Grievant"): _____

Address: _____

Telephone: _____ **Email:** _____

If the Grievant is not the individual completing this form, please complete below:

Name: _____ **Relationship to reporting individual:** _____

Telephone: _____ **Email:** _____

Instructions: Please fill out **Section 1** if the grievance is being filed based on a need for accommodations. Please fill out **Section 2** if the grievance is being filed due to a structural barrier and/or lack of assistive device. Please fill out **Section 3** if the grievance is being filed as a result of an act of discrimination based on disability, perceived disability, or relationship with a disabled person by a City of Edgewater employee, city official, volunteer, independent contractor, or third-party vendor.

Section 1 Use this section to file a grievance based on a reasonable accommodation request.

Has a City of Edgewater ADA Accommodations Request Form been filed? ____ YES ____ NO

On what date was the accommodation requested? _____

Who did you initially submit the accommodation request to? _____

What accommodation was requested? _____

Please state how the program, service, facilities, or activity is inaccessible to you without an accommodation. _____

Please select from the following accommodation(s) that will allow you full access to the program, service, or activity:

- | | |
|---|---|
| <input type="checkbox"/> Wheelchair access | <input type="checkbox"/> Written material in alternate format |
| <input type="checkbox"/> Mobility impairment accommodation | <input type="checkbox"/> Sign language interpreter |
| <input type="checkbox"/> Modification of policy or procedures | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Assistive listening device | |

What reasonable accommodations do you believe will best support you to facilitate equal access to City of Edgewater programs, services, facilities, or activities?

Please provide any additional details that may support or assist in the grievance process:

Section 2 Use this section to file a grievance based on a structural barrier and/or lack of assistive device.

Is the grievance based on a structural barrier and/or lack of assistive device that prevents access or use of an area? _____ YES _____ NO

What does the structural barrier and/or lack of assistive device prevent you from being able to accomplish?

Please select the structural barrier:

- | | |
|--|--|
| <input type="checkbox"/> Non-accessible parking | <input type="checkbox"/> Inaccessible classroom, office, or meeting room |
| <input type="checkbox"/> Non-accessible route from parking to facility | <input type="checkbox"/> Inaccessible restroom |
| <input type="checkbox"/> Inaccessible doorway | <input type="checkbox"/> Lack of proper signage |
| <input type="checkbox"/> Protruding objects within facility | <input type="checkbox"/> Website inaccessibility |
| <input type="checkbox"/> Inaccessible service counter | <input type="checkbox"/> Other: |

Please state the location of the structural barrier or lack of assistive device:

Please provide your recommendation on how the City of Edgewater could remove or modify the structural barrier and/or lack of assistive device: _____

Section 3 Use this section to file a grievance due to an act of discrimination based on a disability, perceived disability, or relationship with a disabled person, by a City of Edgewater employee, City official, volunteer, independent contractor, or third-party vendor.

Is the grievance based on an act of disability discrimination by a person who is an employee of the City of Edgewater _____ YES _____ NO

If so, please state the employees name, position, and corresponding department if known, and if not known provide, as best is possible, a physical description on the individual, such as height, weight, hair color, clothing worn, etc.

Name: _____

Position: _____

Department: _____

Description: _____

Is the grievance based on an act of disability discrimination by a person who is an independent contractor, volunteer, or third-party vendor performing work, services, or providing materials and/or supplies for the City of Edgewater? _____ YES _____ NO

If so, please state the person's name, if known, and if not known provide, as best is possible, a physical description on the individual, such as height, weight, hair color, clothing worn, etc. and/or name of company, contractor, or third-party vendor they work for.

Name/description: _____

Name of Company/Contractor/3rd party vendor: _____

When and where did the act of discrimination take place? Time: _____ Date: _____

Location: _____

Name and contact information of any witness present (indicate if they are a City of Edgewater Employee and which department they work in, or if they are an independent contractor, volunteer, third party vendor, or member of the public) who saw or heard the alleged act of discrimination

Did you report the discrimination? If yes, to who and when (date, time)?

Do you believe that the offender knowingly discriminated against you based on your disability?

_____ YES _____ NO

At the time of the act of discrimination, did you inform the offender that they were violating your rights as an individual with a disability?

_____ YES _____ NO

Please give specific details about the act of discrimination. _____

Please provide your recommendation on how to resolve this issue. _____

If you have any questions or require assistance with this form, please contact the City of Edgewater ADA Coordinator 720-763-3034 or email: tcurtis@edgewaterco.com