

# Complaint Form Regarding a City of Durango Service, Program or Activity



Title VI of the Civil Rights Act of 1964 requires that “no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA") and Section 504 of the Rehabilitation Act of 1973, the City of Durango (the “City”) will not discriminate against qualified individuals with disabilities on the basis of disability in its facilities, services, programs, or activities.

The following information is necessary to assist the City in processing a Title VI or ADA complaint. If any person interested in filing complaint needs assistance, including interpretation or translation assistance, please contact the City’s ADA Coordinator Monday – Friday, 7:30 a.m. – 4:30 p.m. via email at [ADAcordinator@durangogov.org](mailto:ADAcordinator@durangogov.org) or by calling (970) 375-5000, TTY/TDD (Colorado) at 711, via CAP phone (hearing impaired) at (970) 375-5024, or voice at 800-659-3656.

Complete this form and return it to:

ADA/Title VI Coordinator  
City of Durango  
949 E. 2<sup>nd</sup> Avenue  
Durango, CO 81301

Or send the form by email to [ADAcordinator@durangogov.org](mailto:ADAcordinator@durangogov.org).

1. Complainant’s name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone number (Home/cell): \_\_\_\_\_ (Business): \_\_\_\_\_

2. Person discriminated against (if someone other than Complainant)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone number (Home/cell): \_\_\_\_\_ (Business): \_\_\_\_\_

3. Which of the following best describes the reason you believe the discrimination took place?  
(Check all that apply.)  
\_\_\_\_ ADA \_\_\_\_ Race \_\_\_\_ Color \_\_\_\_ National Origin \_\_\_\_ Limited English proficiency  
\_\_\_\_ Other \_\_\_\_\_

4. City of Durango agency, department, or program complaint is about:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

5. Date of incident resulting in complaint: \_\_\_\_\_

6. In your own words, describe the circumstances leading to this complaint. What happened and who was responsible? If possible, provide names of the individuals involved. For additional space, attach additional sheets of paper as necessary.

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7. If you've not already provided this in response to number 6 above, where did the incident take place? Please provide as much information about the location as possible.

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8. Were there any witnesses to the incident? If yes, please provide as much information as possible about any witness or witnesses.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone number (Home/cell): \_\_\_\_\_ (Business): \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone number (Home/cell): \_\_\_\_\_ (Business): \_\_\_\_\_

9. Have any efforts been made to file or resolve this complaint through the internal grievance procedure of any City of Durango department?

Yes  No If yes, what is the status of the grievance? \_\_\_\_\_

10. Have you filed a complaint about this same incident with any other federal, state or local governmental agency or with a federal or state court? Please check any that apply.

Federal agency: \_\_\_\_\_  
 Federal court: \_\_\_\_\_  
 State agency: \_\_\_\_\_  
 State court: \_\_\_\_\_  
 Local agency: \_\_\_\_\_  
 Other: \_\_\_\_\_

Please provide the contact information of the person with the agency/court/other:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date filed: \_\_\_\_\_

The information contained in this complaint may be subject to Colorado Open Records Act.

**Sign the complaint in the space provided below. Attach any documents you believe support your complaint.**

**I hereby certify that the above complaint is true and accurate to the best of my knowledge.**

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

\_\_\_\_\_  
Signature Date