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 ADAcoordinator@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. 2nd Avenue
Durango, CO 81301

Or send the form by email to ADAcoordinator@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.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

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.

_________________________________________________________________________________

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: ______________________________________________________

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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