



A.D.A. Grievance Form

Title II of the American with Disabilities Act Town of Sedgwick grievance procedure

Instructions: Please fill out this form completely. Sign and return to: Town of Sedgwick – ADA Coordinator, P.O. Box 27, Sedgwick CO 80749. This information will be held in confidence unless instructed otherwise by you. Please note that this grievance procedure is for facilities, services and programs owned and/or operated by the Town of Sedgwick.

Your Name (complainant): _____

Address: _____

Telephone numbers:

Home: _____ Work: _____ Cell: _____

Reason for grievance/complaint, or why you feel you have been discriminated against. Please be specific and provide as much information as possible, i.e. location, date, time, names, etc.

Your Signature: _____

If you have questions about this form, and need an accommodation, or a different format, please contact the ADA Coordinator at (970) 463-8814 or email SedgwickCO@PcTelcom.coop

Please allow us 15 business days to investigate and respond to your complaint.

Revised: December 16, 2019