



## ADA Complaint Form

### Title II of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Please provide the following information necessary in order to process your complaint. Assistance with completing this form is available upon request. ADA complaints must be filed within 180 days from the date of the alleged discrimination. Complete this form and mail or deliver to:

Silver Key Senior Services, ADA, 1625 S. Murray Blvd, Colorado Springs, CO 80916

Contact us Monday – Friday, 8 a.m. - 5 p.m. at 719-884-2300 or email [info@silverkey.org](mailto:info@silverkey.org)

1) Complainant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home/Cell): \_\_\_\_\_ (Business): \_\_\_\_\_

2) Person who has discrimination complaint (if other than complainant)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home/Cell): \_\_\_\_\_ (Business): \_\_\_\_\_

3) Date of incident resulting in complaint: \_\_\_\_\_

4) Describe the complaint. What happened and who was responsible? (Provide names when possible of the individuals involved). For additional space, attach additional sheets of paper as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Where did the incident take place? Please provide location, bus number, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



6) Witnesses? Please provide their contact information.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home/Cell): \_\_\_\_\_ (Business): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home/Cell): \_\_\_\_\_ (Business): \_\_\_\_\_

7) Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?  Yes  No

If yes, what is the status of the grievance?

\_\_\_\_\_  
\_\_\_\_\_

8) Did you file this complaint with another federal, state, or local agency; or with a federal or state court?  Yes  No

If the answer is yes, check each agency the complaint was filed with:

Federal Agency

State Court

Federal Court

Local Agency

State Agency

Other

Please provide contact person information for the agency/court/other:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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

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

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

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