



TITLE II (ADA) COMPLAINT FORM

City of Commerce City ***Title II Americans with Disabilities Act (ADA) Complaint Form***

Please fill out this form completely, sign, date, and return it to:

Kevin Vincel
ADA Coordinator
City of Commerce City
7887 E 60th Ave
Commerce City, CO 80022
Phone: 303.227.8796
Email: kvincel@c3gov.com or RiskTeam@c3gov

Your Name (Complainant): _____

Address: _____

Phone number where you can be reached between 8 a.m. – 5 p.m.: _____

Is this a TDD number? Yes _____ No _____

Email: _____

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

What do you think should be done?

Your Signature: _____ Date: _____

If you need assistance completing this form or require a different format or other accommodation, please contact Kevin Vincel at 303.303.227.8796 or kvincel@c3gov.com

Please allow up to 45 days following the ADA Coordinator's receipt of the complaint **to investigate and respond to your complaint.**