



American Disabilities Act (ADA) Compliance

It is the City's policy to make programs, meetings, activities and services accessible to individuals with disabilities, in accordance with the Americans with Disability Act (ADA).

To publicize the availability of services and to ensure that requests are timely, all public notices, advertisements, brochures and similar materials should include information directing individuals needing special assistance to the ADA Coordinator or the appropriate contact within the City or department responsible.

Special Assistance

In order to provide special services such as interpreters, or to provide materials in special formats such as large print, Braille, or computer disk, the City needs to be informed of individual's needs. If you need special assistance, contact the ADA Coordinator at by email: kvincel@c3gov.com or RiskTeams@c3gove.com or by phone: **303-227-8796** at least 48 hours before the scheduled event.

Americans with Disabilities Act Notice

Title II of the Americans with Disabilities Act (ADA) requires that the City of Commerce City make city facilities, programs and services accessible to persons with disabilities in accordance with the standards of the ADA. If you feel that you have not been able to access a City of Commerce City facility, program or service because of a lack of accessibility, or if you believe you have been discriminated against because of your disability, please fill out the ADA Complaint Form.

Complaint Procedure

Step 1: File a Complaint Form

This is the section where we would insert the form both PDF and Digitally if possible.

The complainant should fill out the ADA Complaint Form, giving all the information requested. The signed ADA Complaint Form should be filed with the ADA Coordinator within 30 days of the alleged disability-related discrimination complaint. Upon request, reasonable accommodation will be provided to complete the form. Alternative methods for filing a complaint, such as personal interviews or audio recording of the complaint will be made available for people with disabilities upon request. Complete the ADA Complaint Form and provide 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.com

Please make sure that you have signed the form, regardless of how you choose to submit it.

Step 2: An investigation is conducted:

A notice of receipt shall be mailed to the complainant by email or regular mail within five days of receipt of the complaint. The ADA Coordinator shall begin an investigation into the merits of the complaint within 30 days. If necessary, the ADA Coordinator may contact the complainant directly to obtain additional facts or documentation relevant to the complaint. If the complainant alleges misconduct on the part of the ADA Coordinator, another authorized representative may be appointed by the City Manager at his/her discretion to conduct the investigation.

Step 3: A written decision is prepared and sent to the complainant:

The ADA Coordinator shall prepare a written decision after full consideration of the complaint's merits, no later than 45 days after the receipt of the complaint. If the complaint alleges misconduct on the part of the ADA Coordinator, another authorized

representative may be appointed by the City Manager at his/her discretion. A copy of the complaint, written decision and responses shall be retained by the ADA Coordinator for a period of 3 years.

Step 4: A complainant may appeal the decision:

If the complainant is dissatisfied with the written decision, the complainant may file a written appeal with the City Attorney Office, no later than 30 days from the date of the mailing of the decision. The appeal must contain a statement of the reason(s) why the complainant is dissatisfied with the written decision, and the appeal must be signed by the complainant or by someone authorized to sign on the complainant's behalf.

Notice of receipt shall be mailed to the complainant by email or regular mail within 5 days of receipt of the appeal. The appeal reviewer shall act upon the appeal no later than 60 days after receipt, and a copy of the appeal reviewer's written decision shall be mailed to the complainant by email or regular mail. The decision of the appeal reviewer shall be final. A copy of the written appeal and decision shall be maintained by the ADA Coordinator for a period of 3 years.

Filed complaints

The ADA Coordinator shall maintain the confidentiality of all files and records relating to complaints filed, unless disclosure is authorized or required by law or permission is given by you to release the information. Any retaliation, coercion, intimidation, threat, interference or harassment for the filing of a grievance, or the use of such conduct to restrain a complainant from filing, is prohibited and should be reported immediately to the ADA Coordinator.

The ADA Complaint Form and process are designed to provide you with the opportunity to effectively resolve any ADA issues that you may have with the City of Commerce City. Whether you elect to file an ADA complaint with the City of Commerce City does not affect your right to file a complaint with the Department of Justice.

For ADA concerns with organizations outside of the city of Commerce City, please contact the Department of Justice at [1.800.514.0301](tel:1.800.514.0301) or visit their website at <http://www.ada.gov/>