



A.D.A Grievance Form

Title II of the American with Disabilities Act City of Pueblo Internal grievance procedure

Instructions: Please fill out this form completely. Sign and return to: City of Pueblo – ADA Coordinator, 211 East D Street, Pueblo, CO 81003. 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 City of Pueblo.

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, need an accommodation, or a different format, please contact the Pueblo ADA Coordinator at (719) 553-2271 or email pubworks@pueblo.us.

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