

# EL PASO COUNTY



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Facilities and Strategic Infrastructure Management Services  
Facilities ~Security ~Parking ~ Americans with Disabilities Act (ADA)

## El Paso County Complaint / Grievance Form Title II of the Americans with Disabilities Act

Name of Grievant: \_\_\_\_\_

Person Preparing Complaint (if different from Grievant): \_\_\_\_\_

Relationship of Preparer to Grievant (if applicable): \_\_\_\_\_

Address of Grievant: \_\_\_\_\_

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

Phone Number of Grievant: \_\_\_\_\_ Email: \_\_\_\_\_

### **Nature of Grievance:**

Please provide a complete description of the specific complaint or grievance, including any incident, barrier, or perceived denial of benefit of any service, program, or activity:

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

Please specify any location(s) related to the complaint or grievance (if applicable):

\_\_\_\_\_

Please state what you think should be done to resolve the complaint or grievance:

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

Please attach additional pages as needed.

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

**Please return this form in hard copy or email it to:**

**David Mejia**  
**El Paso County**  
**Title II ADA/Section 504 Coordinator**  
**325 South Cascade Avenue**  
**Colorado Springs, CO 80903**  
**ADACompliance@elpasoco.com**  
**(719) 520-6866**



Upon request, copies of this form will be provided in alternative formats. Please contact the ADA Coordinator listed above.

