

# TOWN OF LYONS

## ADA Grievance/Complaint Form

---

Upon request, reasonable accommodations will be provided in completing this form. Please contact the ADA Coordinator, Ian Greer at [igreer@townoflyons.com](mailto:igreer@townoflyons.com).

Name (of person completing form): \_\_\_\_\_

(If completing this form for a complainant, what is your relationship to the complainant?) \_\_\_\_\_

Complainant (if different from person completing this form): \_\_\_\_\_

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

Mailing Address (if different than Physical Address): \_\_\_\_\_

Phone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

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

Please describe the complaint or grievance:

---

---

---

---

Please specify the location of this complaint or grievance (if applicable):

---

---

Please provide a suggestion for resolution of this complaint or grievance:

---

---

---

---

*You are welcome to attach additional pages.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Return to: Ian Greer, ADA Coordinator, Town of Lyons, 432 5<sup>th</sup> Ave., P.O. BOX 49, Lyons, CO 80540 – or email to [igreer@townoflyons.com](mailto:igreer@townoflyons.com)