

TOWN OF LYONS

ADA Grievance/Complaint Form

Upon request, reasonable accommodations will be provided in completing this form. Please contact the ADA Coordinator at ADA@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: ADA Coordinator, Town of Lyons, 432 5th Ave., P.O. BOX 49, Lyons, CO 80540, or email to ADA@townoflyons.com.