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### Gilpin County Title II Americans with Disabilities Act (ADA) Complaint Form

Instructions: Please fill out this form completely. Name and contact information must be provided. Please note that this ADA notification procedure is for facilities, services and programs owned and/or operated by the County of Gilpin.

If you have questions about this form, need an accommodation or require a different format, please contact Human Resources at (303) 515-4375 or send an email to [gilpincountyhr@gilpincounty.org](mailto:gilpincountyhr@gilpincounty.org).

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

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Preferred method of Contact:  Phone  Email  Mail

PROVIDE A DETAILED EXPLANATION OF THE ACCESSIBILITY BARRIER OR DISCRIMINATION COMPLAINT  
(Explain as clearly as possible what happened and why you believe you were discriminated against. Please also include the date of the incident if different from date complaint is being filed. List all persons who were involved.)

Complainant Signature	Date
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Sign and return the completed form to:  
By mail: ADA Coordinator c/o Chanda Johnson, Human Resources Director  
P.O. Box 366 Central City, CO 80427  
[crjohnson@gilpincounty.org](mailto:crjohnson@gilpincounty.org)