



City of Florence 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 attach additional pages as needed)

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:

Signature _____ Date: _____

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

Cortlyne Huppe
ADA Coordinator-Title II ADA/Section 504
600 West Third Street
Florence, CO 81226
cortlyne.huppe@florencecolorado.org
719-784-4848