



Town of Mt. Crested Butte Complaint/Grievance Form

Title II of the Americans with Disabilities Act

Name of Grievant: _____

Person Preparing Complain (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 of grievance, including any incident, barrier, or perceived denial 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 to:

Marisa Maudsley
ADA Accessibility Officer
Town of Mt. Crested Butte
PO Box 5800
Mt. Crested Butte, CO 81225
ADACompliance@mtcb.colorado.gov
(970) 349-6632. Ext. 6

Upon request, copies of this form will be provided in alternative formats. Please contact the Office of Accessibility.