



# ADA Complaint Form

## Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 Complaint Form Regarding a Northern Water Service, Program or Activity

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA") and Section 504 of the Rehabilitation Act of 1973, the Northern Colorado Water Conservancy District ("Northern Water") will not discriminate against qualified individuals with disabilities on the basis of disability in its facilities, services, programs, or activities.

Note: the following information is necessary to assist Northern Water in processing a complaint. If any person interested in filing a complaint needs assistance, including sign language assistance, documents in Braille or other ways of making information and communications accessible, please contact Northern Water's ADA Coordinator Monday through Friday, 7:30 a.m. to 4:30 p.m. via email at [accessibility@northernwater.org](mailto:accessibility@northernwater.org) or by calling 800-369-7246.

Complete this form and return it via mail or email to:

Kristi Ritter  
ADA Coordinator  
Northern Water  
220 Water Ave.  
Berthoud, CO 80513  
[accessibility@northernwater.org](mailto:accessibility@northernwater.org)

Complainant's name:

Address:

City:

State:

Zip Code:

Home/Cell Phone:

Business Phone:

Person discriminated against (if someone other than Complainant):

Name:

Address:

City:

State:

Zip Code:

Home/Cell Phone:

Business Phone:

Date of incident resulting in complaint:

Northern Water service, program, activity or facility complaint is about:

In your own words, describe the circumstances leading to this complaint. What happened and who was responsible? If possible, provide names of the individuals involved. For additional space, attach additional sheets of paper as necessary.

Where did the incident take place? Please provide as much information about the location as possible.

Were there any witnesses to the incident? If yes, please provide as much information as possible about any witness or witnesses.

Name:

Address:

City:

State:

Zip Code:

Home/Cell Phone:

Business Phone:

Name:

Address:

City:

State:

Zip Code:

Home/Cell Phone:

Business Phone:

Have you filed a complaint about this same incident with any other federal, state or local governmental agency or with a federal or state court? Please check any that apply.

Federal agency. If yes, who?

Federal court. If yes, who?

State agency. If yes, who?

State court. If yes, who?

Local agency. If yes, who?

Other. Who?

Please provide the contact information of this agency/court/other:

Name:

Address:

City:

State:

Zip Code:

Home/Cell Phone:

Business Phone:

Sign the complaint in the space provided below. Attach any documents you believe support your complaint.

Complainant's Signature

Date