



**La Plata County  
Americans with Disabilities Act  
Complaint Form**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Nature of Complaint:

(Please describe a narrative description of your complaint or concern, including the date(s) of any alleged incident(s) along with the names of any La Plata County employees and/or witnesses, if any (if known. Please attach additional sheets, if needed.)

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Once completed, please return this form to:

Joanne M. Spina or Susan Hakanson  
La Plata County  
1060 E. 2<sup>nd</sup> Ave.  
Durango, CO 81301

For assistance completing this form, please direct any inquiries or questions to Joanne M. Spina or Susan Hakanson at 970-382-6200 or TDD 970-382-6218 (or by email at [joanne.spina@co.laplata.co.us](mailto:joanne.spina@co.laplata.co.us) or [susan.hakanson@co.laplata.co.us](mailto:susan.hakanson@co.laplata.co.us)). La Plata County's Grievance Procedure can be found in its entirety on our website at <http://co.laplata.co.us>.

Last update 8/25/14