



Disability Law Colorado Intake Form

Please complete all items below and return it to
Disability Law Colorado at 455 Sherman Street,
Suite 130, Denver, CO 80203.
dlcmail@disabilitylawco.org

Your Information:

Name: _____ Date of Birth: _____

DOC or Patient ID Number (if applicable): _____

Street Address or Facility Name: _____

City: _____ State: _____ Zip Code: _____

Phone Number (if applicable): _____ Email: _____

Disability(ies): _____

Gender: _____ Ethnicity: _____

Complaint Information: *Please enter the following information about the person or agency you are making this complaint against.*

Name: _____ Agency: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date of Incident Giving Rise to Your Complaint: _____

If you have filed a grievance regarding this issue, please provide a detailed description of the grievance procedure you followed on a separate page. If you have not yet done this, please see the attached information regarding grievance procedures.

Attorney Information: *If you are represented by an attorney in this matter, please provide the attorney's information below.*

Name: _____

Firm: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Please provide a complete description of your complaint. Please describe IN DETAIL the events that lead you to file this complaint. If you have additional documents to support your complaint, please list them. Please do not send us the documents.

Complaint Description (use a separate page, if necessary):

Please state clearly what you would like Disability Law Colorado to do for you:

☐ *Please check this box to indicate that the information you have provided is true and correct; that you understand that by accepting this complaint, Disability Law Colorado is not undertaking legal representation of you, and Disability Law Colorado is not responsible for ensuring that any statute of limitations requirement or any other requirement or deadline is met in your case.*