



**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: \_\_\_\_\_

**Pronouns:** \_\_\_\_\_ **Are you Registered to Vote?**  Check Box If Yes

**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.*

Thank you for participating in the intake process with Disability Law Colorado. We appreciate the time you took to speak with us about your concerns. At our next weekly meeting we will discuss your intake with the attorneys who oversee our legal programs. During this meeting, the attorneys will determine whether we can assist you or if there is additional information or documentation they need from you prior to making that determination. Please note that these meetings are held on Thursdays, and it may take a few business days after the Thursday meeting before someone will be able to get back in touch with you. In the meantime, it may be helpful for you to review the Fact Sheets on various topics that we have available on our website at <http://www.disabilitylawco.org/resources/fact-sheets>.