## **Appendix D – Grievance Procedure**

As part of the ADA requirements the City has posted the following notice outlining its ADA requirements:

## **Public Notice**

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990, City of Grand Rapids will not discriminate against individuals in City services, programs, or activities.

**Employment:** The City does not discriminate in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the Americans with Disabilities Act (ADA).

*Effective Communication:* The City will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City's programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

*Modifications to Policies and Procedures:* The City will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all City programs, services, and activities. For example, individuals with service animals are welcomed in City offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a City program, service, or activity, should contact the office of ADA Coordinator as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the City to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

The City will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

City of Grand Rapids Grievance Procedure under the Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the **City of Grand Rapids.** The **City's** Personnel Policy governs employmentrelated complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Matt Wegwerth, City Engineer ADA Coordinator 420 N Pokegama, Grand Rapids, MN 55744

Within 15 calendar days after receipt of the complaint, *Matt Wegwerth* or *his* designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, *Matt Wegwerth* or *his* designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the **City of Grand Rapids** and offer options for substantive resolution of the complaint.

If the response by *Matt Wegwerth* or *his* designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the **City Administrator** or *his* designee.

Within 15 calendar days after receipt of the appeal, the **City Administrator** or *his* designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the **City Administrator** or *his* designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by *Matt Wegwerth* or *his* designee, appeals to the **City Administrator** or *his* designee, and responses from these two offices will be retained by the **City of Grand Rapids** for at least three years.

City of Grand Rapids Sample Grievance Procedure

Those wishing to file a formal written grievance with City of Grand Rapids may do so by one of the following methods:

#### <u>Internet</u>

Visit the City of Grand Rapids website (website) and click the "ADA" link to the <u>ADA Grievance</u> <u>Form</u>. Fill in the form online and click "submit." A copy of the ADA Grievance Form is included in this Appendix.

#### <u>Telephone</u>

Contact the pertinent City staff person listed in the **Contact Information** section of Appendix A to submit an oral grievance. The staff person will utilize the Internet method above to submit the grievance on behalf of the person filing the grievance.

#### Paper Submittal

Contact the pertinent City staff person listed in the **Contact Information** section of Appendix A to request a paper copy of the county's grievance form, complete the form, and submit it to the Responsible Party. A staff person will utilize the Internet method above to submit the grievance on behalf of the person filing the grievance.

The ADA Grievance Form will ask for the following information:

The name, address, telephone number, and email address for the person filing the grievance

The **name**, **address**, **telephone number**, **and email address** for the person alleging an ADA violation (if different than the person filing the grievance)

A **description and location of the alleged violation and the nature of a remedy sought**, if known by the complainant.

If the complainant has filed the same complaint or grievance with the United States Department of Justice (DOJ), another federal or state civil rights agency, a court, or others, the name of the agency or court where the complainant filed it and the filing date. The City will acknowledge receipt of the grievance to the complainant within 10 working days of its submittal. City will also provide to the complainant within 10 working days of its submittal; 1) a response or resolution to the grievance or; 2) information on when the complainant can expect a response or resolution to the grievance.

If the grievance filed does not concern a City of Grand Rapids facility, the City will work with the complainant to contact the agency that has jurisdiction.

3. Within 60 calendar days of receipt, a City of Grand Rapids staff person will conduct an investigation necessary to determine the validity of the alleged violation. As a part of the investigation, the staff person would conduct an engineering study to help determine the City's response. The staff person will take advantage of department resources and use engineering judgment, data collected, and any information submitted by the resident to develop a conclusion. A staff person will be available to meet with the complainant to discuss the matter as a part of the investigation and resolution of the matter. The City will document each resolution of a filed grievance and retain such documentation in the department's ADA Grievance File for a period of seven years.

The City will consider all specific grievances within its particular context or setting. Furthermore, the City will consider many varying circumstances including: 1) the nature of the access to services, programs, or facilities at issue; 2) the specific nature of the disability; 3) the essential eligibility requirements for participation; 4) the health and safety of others: and 5) the degree to which an accommodation would constitute a fundamental alteration to the program, service, or facility, or cause an undue hardship to City of Grand Rapids.

Accordingly, the resolution by City of Grand Rapids of any one grievance does not constitute a precedent upon which the county is bound or upon which other complaining parties may rely.

File Maintenance

The City shall maintain ADA grievance files for a period of seven years.

Complaints of Title II violations may also be filed with the DOJ within 180 days of the date of discrimination. In certain situations, cases may be referred to a mediation program sponsored by the Department of Justice (DOJ). The DOJ may bring a lawsuit where it has investigated a matter and has been unable to resolve violations. For more information, contact: U.S. Department of Justice Civil Rights Division 950 Pennsylvania Avenue, N.W. Disability Rights Section - NYAV Washington, D.C. 20530 <u>www.ada.gov</u> (800) 514-0301 (voice – toll free) (800) 514-0383 (TTY)

Title II may also be enforced through private lawsuits in Federal court. It is not necessary to file a complaint with the DOJ or any other Federal agency, or to receive a "right-to-sue" letter, before going to court.

See grievance form on next page.

### Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant:				
Address:				
City, State and Zip Code:				
Telephone:				
Home:				
Business:				
Person Discriminated Against (if other than the complainant):				
Address:				
City, State, and Zip Code:				
Telephone: Home:Business:				
Government, or organization, or institution which you believe has discriminated:				
Name:				
Address:				
County:				
City, State and Zip Code:				
Telephone Number:				
-				

# **City of Grand Rapids ADA Transition Plan**

When did the discrimination occur? \_\_\_\_\_ Date: \_\_\_\_\_

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes \_\_\_\_ No\_\_\_\_

If yes: what is the status of the grievance?

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes No
If yes:
Agency or Court:
Contact Person:
Address:
City, State, and Zip Code:
Telephone Number:
Date Filed:

Do you intend to file with another agency or court?

YesNo		
Agency or Court:	 	
Address:	 	
City, State and Zip Code:	 	
Telephone Number:	 	
Additional space for answers:		

Signature: \_\_\_\_\_

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

Return to: City of Grand Rapids Attn: Matt Wegwerth, ADA Coordinator 420 North Pokegama Avenue Grand Rapids, MN 55744