

ADA GRIEVANCE PROCEDURE

A public entity that employs 50 or more persons is required by the ADA to adopt and publish grievance procedures providing for prompt and equitable resolution of complaints or grievances alleging any action that would be prohibited by the ADA. Any person with a disability or any parent or guardian who represents a minor person with a disability, who believes that they have been the subject of disability-related discrimination on the basis of the denial of access to facilities, programs or services, may file a grievance or complaint.

The ADA Coordinator shall maintain the confidentiality of all files and records relating to grievances filed, unless disclosure is authorized or required by law. Any retaliation, coercion, intimidation, threat, interference or harassment for the filing of a grievance, or used to restrain a complainant from filing, is prohibited and should be reported immediately to the ADA Coordinator.

STEP 1: FILE A GRIEVANCE

The complainant should fill out the ADA Grievance/Complaint Form giving all of the information requested. The ADA Grievance/Complaint Form should be filed with the ADA Coordinator within forty-five (45) calendar days of the alleged occurrence. Upon request, reasonable accommodations will be provided in completing the form, or alternative formats of the form will be provided. The ADA Grievance Procedure and Form may be obtained from the Town's Municipal Building (1490 Broadway), Town Hall (726 Broadway), and online at www.chestertonin.org. The completed ADA Grievance Form can be dropped off at these locations or via e-mail to modell@chestertonin.org.

STEP 2: AN INVESTIGATION IS CONDUCTED

Within thirty (30) calendar days after receipt of the complaint, the Town ADA Coordinator or his/her designee will meet with complainant to discuss the complaint and the possible resolutions. During this thirty (30) day time period the ADA Coordinator and/or another authorized representative shall begin an investigation into the merits of the complaint.

STEP 3: WRITTEN DECISION

The ADA Coordinator shall prepare a written decision, after full consideration of the grievance merits, and respond no later than thirty (30) calendar days after the meeting. If the complaint alleges misconduct on the part of the ADA Coordinator, another authorized representative may be appointed by the Town Manager to prepare the written decision if the allegations can be substantiated.

STEP 4: APPEAL OF THE DECISION

If the complainant is dissatisfied with the written decision, the complainant may file a written appeal with the Town Manager no later than fifteen (15) calendar days after receipt of the response to the Town Manager or his/her designee. The appeal must contain a statement of the reasons why the complainant is dissatisfied with the written decision, and must be signed by the complainant, or by someone authorized to sign on the complainant's behalf. Within thirty (30) calendar days after

receipt of the appeal, the Town Manager or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the Town Manager or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint. The decision of the appeal reviewer shall be final.

ADA Grievance/Complaint Form



Complainant: _____

Person Preparing Complaint (if different from Complainant): _____

Relationship to Complainant (if different from Complainant): _____

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

Please specify any location(s) related to the complaint or grievance (if applicable):

Please provide a complete description of the specific complaint or grievance:

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

Signature: _____ Date: _____

Return to: Town of Chesterton, ADA Coordinator, 1490 Broadway, Chesterton, IN, 46304

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above, via telephone (219) 926-2610, fax (219) 929-1428, or e-mail: modell@chestertonin.org

FOR OFFICE USE ONLY – State the Response/Action Taken: _____

