

## **The City of Columbus, Indiana 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**. The City's Personnel Policy governs employment related complaints of disability discrimination.

- A. Any citizen or employee who has a complaint regarding the City's alleged non-compliance with the ADA may file a written complaint within sixty (60) days of an incident or of the receipt of information of such alleged non-compliance.
- B. That such written complaints filed by citizens shall be filed with the Human Resources Office of the City.
- C. Should accommodation(s) be necessary in filing the complaint or in any steps in this procedure, an appointment with the Head of the of Human Resources may be made along with a request of the accommodation necessary to file the complaint.
- D. The complaint shall be referred by the Office of Human Resources to the department head who is responsible for the subject of the complaint.
- E. The Office of Human Resources shall be responsible for insuring that such complaints are investigated by the department head and that a written response is given to the complainant within thirty (30) days after such filing of said complaint.
- F. Within thirty (30) days after the receipt of the written response from the department head, the complainant may petition for review of the matter by notifying, in writing, the Board of Public Works and Safety for resolution.

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 (sixty) 60 calendar days after the alleged violation to:

**Human Resources  
ADA Coordinator  
123 Washington Street  
Columbus, IN 47201**

Within 15 calendar days after receipt of the complaint, the ADA coordinator will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, ADA Coordinator 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 Columbus, Indiana**, and offer options for substantive resolution of the complaint.

If the response by ADA Coordinator does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within thirty (30) calendar days after receipt of the response to the **Board of Public Works** or its designee.

Within (thirty) 30 calendar days after receipt of the appeal, the **Board of Public Works** or its designee will meet with the complainant to discuss the complaint and possible resolutions. Within (thirty) 30 calendar days after the meeting, the **Board of Public Works** or its 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 ADA Coordinator appeals to the **Board of Public Works** or its designee, and responses from these two offices will be retained by the **City of Columbus, Indiana**, for at least three years.

# Title II of the Americans with Disabilities Act City of Columbus Notification Procedure

Instructions: Sign and return original with signature to:

ADA Coordinator  
Columbus Human Resources Department  
123 Washington Street  
Columbus, Indiana 47201

Please fill out this form completely. Please note that this ADA notification procedure is for facilities, services and programs owned and/or operated by the City of Columbus.

Your name (complainant):			
Address:			
<b>Contact numbers:</b>	Home:	Work:	Mobile:
E-mail address:			
Reason for grievance/complaint, or why you feel you have been discriminated against. 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.. Use a separate sheet if more space is needed.			
State if you require an alternative form for any written follow-up communications:			
Your signature:			Date:

If you have questions about this form, need an accommodation, or a different format, please contact the Human Resources office at (812) 376-2570 or send an email to

Please allow us 30 business days to investigate and respond to your complaint.