



Administrative Policies and Procedures

Policy Title: ADA Complaint Procedure	Policy Number: 108
Effective: 5/13	
Approval: <i>Steven D. Power</i>	Page 1 of 2

1. Purpose

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in the provision of services, programs or activities of a public entity. The City of Ann Arbor has developed guidelines to comply with the requirements of the ADA. In addition, the City has instituted this procedure to handle any grievances alleging disability discrimination related to its provision of services, programs or activities. The City's goal is to resolve any such grievances in an efficient and informal manner.

2. Policy

Filing a Grievance

28 CFR Part 35 contains the regulations related to nondiscrimination on the basis of disability in State and Local Government Services. Section 35.107 of these regulations provides that "a public entity that employs 50 or more persons shall designate at least one employee to coordinate its efforts to comply with and carry out its responsibilities under this part, including the investigation of any complaint communicated to it alleging its noncompliance with this part or alleging any actions that would be prohibited by this part."

The City has designated the City Clerk as its coordinator for ADA compliance.

If an individual has a grievance related to disability discrimination in the City's provision of services, he/she has 60 days from the date of the allegedly discriminatory incident to

file a complaint with the City Clerk's office. The Clerk's Office will maintain grievance forms for allegations of disability discrimination in City services. The forms can also be obtained on the City's website at

<http://www.a2gov.org/disabilityresources/Pages/Communication.aspx>. The grievance need not be completed on the City's form, but must include the Grievant's name, address, and contact number, as well as specifics about the alleged discrimination, including the dates, the City service/program involved, and any City personnel involved. The grievance may be filed in person at the Clerk's office, by e-mail, or by phone.

Investigation and Resolution

Upon receipt of a grievance, the Clerk's office will forward the grievance to the appropriate Service Area Administrator for review and investigation. A copy of the grievance will also be forwarded to the City attorney's office for review and advice as needed.

The Service Area Administrator will assign the review and investigation of the matter to the appropriate personnel within the Service Area, and will inform the City Clerk and the City Attorney of the investigating personnel.

The individual assigned to investigate the matter will attempt to complete his/her investigation within 15 business days and will keep the City Clerk and the Service Area Administrator advised of the progress of the investigation. The City Attorney's office will serve as a resource as needed with respect to the requirements of the ADA.

Once the investigation is complete, the investigating individual will discuss his/her findings with the Service Area Administrator and the City Clerk, as well as the City Attorney. The City Clerk or her designee will then attempt to resolve the grievance with the grieving party. If a resolution is not reached, the City Clerk, with the assistance of the Service Area Administrator, will prepare a memo documenting the final findings and resolution efforts for the City Attorney's review. This document will be made available to the grievant and will be maintained on file. The Service Area Administrator will be responsible for implementing any changes that are found to be necessary under the ADA.



ADA Grievance Form

Americans with Disabilities Act

This form is for individuals who have a grievance related to disability discrimination in the City of Ann Arbor's provision of services. Any grievance claims must be filed with the City Clerk no more than 60 days from the date of the alleged discriminatory incident. Contact the City Clerk's Office for assistance with the filing or submission of this form or to have a grievance transcribed for you.

Please submit to: **Ann Arbor City Clerk's Office**
301 E. Huron St., P.O. Box 8647
Ann Arbor, MI 48107
Tel: (734) 794-6140
Fax: (734) 994-8296
cityclerk@a2gov.org

Date of Request _____ Date of Incident _____

Name _____

Address _____
Street City State Zip

Telephone _____ Email _____

Requester's Signature _____

Description of Incident (please print)

Describe, with specificity, the alleged disability discrimination incident for which you are filing this form. Please include information relating to the incident, including dates, the City service/program involved, and any City personnel involved.

Office Use Only

Date of Incident _____ Complaint Number: _____

Investigation Due Date _____ Service Area Assigned _____

City Attorney Assigned _____

Founded **Unfounded** City Attorney Approval _____

Resolution _____