

AMERICANS WITH DISABILITIES ACT

GRIEVANCE PROCEDURES

For the CITY OF SHAWNEE, OKLAHOMA



Adopted by the Shawnee City Commission
April 21, 2008

The City of Shawnee, Oklahoma

Grievance Procedure under the Americans with Disabilities Act

This Grievance Procedure for the City of Shawnee, Oklahoma is established to meet the requirements of the Americans with Disabilities Act of 1990. This grievance procedure provides for prompt and equitable resolution of complaints alleging any action prohibited in Subpart B (Sections 35.177) of 28 CFR Part 35, Title II. This procedure 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 Shawnee.

Complaints must be addressed to the following person who has been designated to coordinate complaints for the ADA compliance efforts for the City of Shawnee:

Shawnee ADA Compliance Officer:

Mike Cox, Code Enforcement Office

222 N Broadway Ave

Shawnee, OK 74801-6917

405-878-1666

FAX: (405) 878-1668;

mcox@shawneeok.org;

www.ShawneeOK.org

- 1. Complaint Made:** The complaint should be made in writing and contain the name, address, and telephone number of the person filing the complaint and a brief description of the alleged violation of the regulation for Title II. The description should contain information about the alleged discrimination complainant - 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 upon request for persons with disabilities.
- 2. Date of Submission:** The complaint should be submitted on the Grievance Form by the grievant and/or his/her designee to the **ADA Compliance Officer** as soon as possible but no later than 45 calendar days after the alleged violation. A complaint will be treated as filed on the date it is first filed with the City.
- 3. Investigation and Meeting with the Complainant:** An investigation, as appropriate, shall follow a filing of a complaint. The **Compliance Officer** will conduct the investigation and a determination as to the validity of the complaint will follow. Within 30 calendar days after receipt of the complaint, the **ADA Compliance Officer** or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions.

4. **Compliance Officer Response/Resolution:** Within 21 calendar days of the meeting, the **Compliance Officer** or his/her designee will respond in writing, or, 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 Shawnee and offer options for substantive resolution of the complaint.
5. **Appeal:** If the response by the **ADA Compliance Officer** or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision to the City Manager or his designee within 21 calendar days after receipt of the **Compliance Officer** response.
6. **Meeting with City Manager:** Within 21 calendar days after receipt of the appeal, the City Manager or his designee will meet with the complainant to discuss the complaint and possible resolutions.
7. **Appeal Response/Resolution:** Within 21 calendar days after the meeting, the City Manager or his designee will respond in writing, or, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

The **ADA Compliance Officer** shall maintain the files and records of the City relating to all complaints filed under Title II. All written complaints received by the **ADA Compliance Officer** or his/her designee, appeals to the City Manager or his designee, and responses from these two offices will be retained by the City of Shawnee for at least three years.

The City of Shawnee Personnel Policy governs employment-related complaints of disability discrimination.

AMERICANS WITH DISABILITIES ACT - Grievance Form

Investigation: _____

Action: _____

Complaint ID #: _____

Date Received: _____

Date Completed: _____

Action: _____

Appeal: _____

Action: _____