

## <u>CITY OF SOUTH BEND, INDIANA</u> <u>GRIEVANCE PROCEDURE</u> UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

The City of South Bend, Indiana, in accordance with the Americans with Disabilities Act ("ADA"), has adopted this Grievance Procedure to insure prompt and equitable resolution of complaints alleging discrimination based on disability in the provision of programs, services, benefits, or activities provided by the City of South Bend. Employment related claims of disability discrimination are governed by the City's Personnel Policies.

The steps in the City of South Bend's Grievance Procedure are as follows:

- File written Complaint using South Bend's form (attached) <u>no later than 60 calendar days after the date of</u> <u>the violation</u>. Information must include:
  - a. Name, address, phone number, e-mail (if applicable) of person filing the grievance;
  - b. Name, address, phone number, e-mail (if applicable) of person alleging grievance on behalf of someone else;
  - c. Date and approximate time violation occurred;
  - d. Narrative description of the violation;
  - e. Remedy or desired City corrective action.
- 2) South Bend's ADA Coordinator will acknowledge the Complaint within 21 days from the date of filing. The ADA Coordinator may meet with Complainant to discuss the Complaint and explore informal resolution to the problem.
- 3) If an informal resolution is not reached, then within 30 days after initial response under Step 2, the ADA Coordinator or Designee will respond in writing, and where appropriate, in a format accessible to the Complainant such as large print, or audio tape. The response will explain City's position and offer options for resolution of the Complaint.
- 4) If the ADA Coordinator's response does not satisfactorily resolve the issue, the Complainant and/or his/her designee may appeal that decision. This appeal should be made to the Board of Public Works President or designee within 15 days after receipt of the response of the ADA Coordinator, and this appeal request must be made in writing.
- 5) The Board of Public Works President or designee shall meet with the Complainant within 15 days after receipt of the appeal to discuss the Complaint and possible resolutions.
- 6) Within 15 days after that meeting, the Board Public Works President or designee will respond in writing, and, where appropriate, in a format accessible to the Complainant, with a final resolution of the complaint.

The complaint should be submitted to:

ADA Coordinator City of South Bend Legal Department 227 W. Jefferson Blvd., Suite 1200S South Bend, IN 46601

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. All written Complaints received by the ADA Coordinator or Designee or appeals to the Public Works Director or designee will be retained by the City of South Bend for a period of three years.



## **ADA GRIEVANCE FORM** CITY OF SOUTH BEND, INDIANA (Please write or print clearly)

Today's Date:		
Complainant Name:		
Address:		
City, State, Zip:		
Telephone and E-mail:		
1		
Individual Discriminated Against (If different from Complainant):		
Address:		
City, State, Zip:		
Telephone and E-mail:		
Date(s) & Approximate Time of Alleged Violation:		
Detailed Description of Violation and City Department Involved:		
Requested Action by City to Correct Violation:		
Has Complaint been filed with State or Federal Agency? YES		NO
Names of Agency:		
Contact Person:		
Signature:	Date:	
0		
Please mail or deliver to: ADA Coordinator		
City of South Bend Legal Department		
227 W. Jefferson Boulevard - Suite 1200S		
South Bend, IN 46601		