



**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 of Gig Harbor. The City of Gig Harbor's Personnel Policy governs employment-related complaints of disability discrimination.

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. See Grievance and Appeal Forms provided below.

The complaint should be submitted by the grievant and/or his/her designee after the alleged violation to:

**Jeff Langhelm, PE**  
**ADA Coordinator/Public Works Director**  
**3510 Grandview Street**  
**Gig Harbor, WA 98335**  
**Phone: 253-851-6170**  
**Washington Telecommunication Relay Service: 7-1-1**  
**E-mail: ADACoordinator@gigharborwa.gov**

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or their designee will contact the complainant or their designee to discuss the complaint and the possible resolutions. The ADA Coordinator or their designee will respond in writing, and where appropriate, in a format accessible to the complainant. The response will explain the position of the City of Gig Harbor and offer options for substantive resolution of the complaint as soon as possible.

If the response by the ADA Coordinator or their designee does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision to the City Administrator or their designee.

The City Administrator or their designee will contact the complainant or their designee to discuss the complaint and possible resolutions. The City Administrator or their 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 the ADA Coordinator or their designee, appeals to the City Administrator or their designee, and responses from these two offices will be retained by the City of Gig Harbor for at least three years.

## City of Gig Harbor WA - ADA Grievance Form

Complainant Name:

\_\_\_\_\_  
Designee Preparing Grievance (if different from Complainant):

\_\_\_\_\_  
Designee's Relationship to Complainant:

\_\_\_\_\_  
Street Address & Apt. No.:

\_\_\_\_\_  
City:

State:

Zip:

\_\_\_\_\_  
Phone: (       )

E-mail:

\_\_\_\_\_  
Preferred contact method to discuss grievance:

\_\_\_\_\_  
Please provide a complete description of the specific grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Please specify any location(s) related to the grievance (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Please state what you think should be done to resolve the grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attached additional pages as needed.

Please do not contact me personally.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:**

City of Gig Harbor, Jeff Langhelm, ADA Coordinator/Public Works Director, 3510 Grandview Street, Gig Harbor, WA 98335.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Jeff Langhelm, ADA Coordinator/Public Works Director at the address listed above, via telephone (253-851-6170), or e-mail: [ADACoordinator@gigharborwa.gov](mailto:ADACoordinator@gigharborwa.gov), or 7-1-1 (Washington Telecommunication Relay Service).

### City of Gig Harbor WA - ADA Grievance Appeal Form

Complainant Name: \_\_\_\_\_

Designee Name (if applicable): \_\_\_\_\_

Designee Relationship to Complainant (if applicable): \_\_\_\_\_

Contact Information (please check one):           Complainant           Designee

Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred contact method to discuss grievance: \_\_\_\_\_

**PLEASE PROVIDE A DETAILED EXPLANATION OF WHY YOU BELIEVE THE RESPONSE FROM THE CITY'S ADA COORDINATOR DID NOT SATISFACTORILY RESOLVE YOUR GRIEVANCE** (Please attach a complete copy of your initial grievance and the response resolution letter from the City's ADA Coordinator):

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**APPEAL REMEDY REQUESTED:**

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Complainant or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:**

City of Gig Harbor, Jeff Langhelm, ADA Coordinator/Public Works Director, 3510 Grandview Street, Gig Harbor, WA 98335.

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