

Draft City of Gig Harbor ADA Transition Plan for the Public Right-of-Way



Appendix D

ADA Grievance Procedure
Grievance Form
Appeal Form
Grievance Record Template

November 2021

Prepared by





**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, or 7-1-1 (Washington Telecommunication Relay Service).

ADA GRIEVANCE/COMPLAINT RECORD

All written complaints received by the ADA Coordinator or designee, appeals to the City Administrator, and responses from these two offices will be retained by the City for at least three years.

GRIEVANCE PROCEDURE RESPONSE TIMELINE	
Date of ADA/504 Coordinator's First Meeting with Complainant	Must be within 15 calendar days of Date City receives Complainant's Grievance.

Record No.	Date City Receives Grievance	COMPLAINANT CONTACT INFORMATION			ALLEGED VIOLATION DETAILS			GRIEVANCE RESPONSE RECORD						
		Name	Email Address	Phone Number	Date	Location	Description	Name - ADA Coordinator or Designee Responder	Date - First Complainant Meeting	Date - First Resolution	Resolution Description	Date - Complainant Appeal Received	Date -Appeal Meeting	Date - Appeal Resolution