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 Monticello, Indiana. The City of Monticello, Indiana'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.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Cathy Gross
ADA Coordinator
City of Monticello, Indiana
227 North Main Street
Monticello IN 47960
574-583-4568 Office; 574-870-8056 Cell
adacoordinator@monticelloin.gov

Within 15 calendar days after receipt of the complaint, Cathy Gross or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Cathy Gross or her designee will respond in writing, and 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 Monticello, Indiana and offer options for substantive resolution of the complaint.

If the response by Cathy Gross or her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the Mayor of the City of Monticello, Indiana or his

designee.

Within 15 days after receipt of the appeal, the Mayor of the City of Monticello, Indiana or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Mayor of the City of Monticello, Indiana or his 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 Cathy Gross or her designee, appeals to the Mayor of the City of Monticello, Indiana or his designee, and responses from these two offices will be retained by the City of Monticello, Indiana for at least three years.

ADA GRIEVANCE FORM CITY OF MONTICELLO, INDIANA

Today's Date:
Complainant:
Address:
City, State, Zip Code:
Telephone and E-mail:
Alleged Violation: Date(s) and Approximate Time of Occurrence:
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
Name of Agency: Date Filed:
Contact Person:
Signature:

If there are witnesses, please list names and addresses separately.