



## Administrative Policies and Procedures

Policy Title: Americans with Disabilities Act (ADA) Complaint Procedure	Policy Number: 108
Effective: 10/24	
Supersedes 5/13	
Approval: <i>Milton Dohoney Jr.</i>	Page 1 of 3

### 1.0 Purpose

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in the provision of services, programs or activities of a public entity. The City of Ann Arbor has developed guidelines to comply with the requirement of the ADA. In addition, the City has instituted this procedure to investigate any grievances alleging disability discrimination related to its provision of services, programs, or activities. The City's goal is to resolve grievances in an efficient and informal manner.

### 2.0 Policy

#### Filing a Grievance

28 CFR Part 35 contains the regulations related to non-discrimination due to disability in the State and Local Government Services.

The city has designated the Accessibility Coordinator, who is within the Office of Organizational Equity, for ADA compliance.

If an individual has a grievance related to disability discrimination in the City's provision of services, they have 60 days from the date of the allegedly discriminatory incident to file a complaint with the Office of Organization Equity. The Accessibility Coordinator will maintain grievance forms for allegations of disability discrimination in City services. The forms can also be obtained on the City's website at

<https://www.a2gov.org/departments/city-administrator/Office-Organizational-Equity/Pages/default.aspx>. The grievance does not need to be completed on the City's

form, but the grievance must include the Grievant's name, address, contact number, and specifics about the alleged discrimination, including the dates, the City service/program involved, and any City personnel involved. The grievance may be filed in person by dropping off at the Customer Service Desk at City Hall or by emailing the Accessibility Coordinator at [OOE@a2gov.org](mailto:OOE@a2gov.org).

### **Investigation and Resolution**

Upon receipt of a grievance, the Accessibility Coordinator will forward the grievance to the appropriate Service Area Administrator for review and investigation. A copy of the grievance will also be forwarded to the City Attorney's Office for review and advice as needed.

The Service Area Administrator will assign the review and investigation of the matter to the appropriate personnel (OOE Ambassador) within the Service Area and will inform the Accessibility Coordinator and the City Attorney of the investigating personnel.(OOE Ambassador)

The individual assigned to investigate (OOE Ambassador)the matter will complete their investigation within 15 business days and will keep the Accessibility Coordinator and Service Area Administrator advised of the progress of the investigation. If the investigation cannot be concluded in that time, the City will notify the complainant as to the status of the investigation and give an estimate as to the time needed to complete the investigation. The City Attorney's office will serve as a resource as needed with respect to the requirements of the ADA.

Once the investigation is complete, the investigating individual (OOE Ambassador) will discuss their findings with the Service Area Administrator, Accessibility Coordinator, and the City Attorney's Office. The Accessibility Coordinator or their designee will then attempt to resolve the grievance with the grieving party. If a resolution is not reached, the Accessibility Coordinator and Service Area Administrator will provide final findings and resolution efforts to the City Attorney's Office for review. The Service Area Administrator will be responsible for implementing any changes that need to be made to be ADA compliant.

## **3.0 Grievance Appeals**

### **Filing an Appeal**

If the complaint is not resolved to the complainant's satisfaction by the Accessibility Coordinator or their designee, the complainant has a right to request an appeal within 30 calendar days after the receipt of the response. Decisions regarding appeal will not

be made by anyone who was involved in the initial resolution. Grievance Appeal forms can be obtained on the City's website at <https://www.a2gov.org/departments/city-administrator/Office-Organizational-Equity/Pages/default.aspx>. Completed appeal forms may be submitted via email by clicking the submit button on form, dropped off at City Hall, or mailed.

### **Appeal Procedure**

Upon receipt of appeal, the Accessibility Coordinator or their designee shall provide the City Administrator and the City Attorney's Office with a copy of the appeal, the due date, and the necessary information to make a decision on the appeal.

### **Investigation and Resolution**

The City Administrator or their designee will attempt to contact the complainant within 30 business days after the receipt of appeal request to discuss the complaint and possible solutions.

Within 15 business days after contact has been made or attempted the City Administrator or designee will respond in writing with a final resolution of the complaint.

The complainant's right to a prompt and equitable resolution of the complaint will not be affected by the complainant's pursuit of other remedies, such as filing of a complaint to the Michigan Department of Civil Rights or the Department of Justice, or the filing of a suit in state or federal court.

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



# ADA Grievance Form

Americans with Disabilities Act

This form is for individuals who have a grievance related to disability discrimination in the City of Ann Arbor's provision of services. Any grievance claims must be filed with the Accessibility Coordinator no more than 60 days from the date of the alleged discriminatory incident. Contact the Accessibility Coordinator's Office for assistance with the filing or submission of this form or to have a grievance transcribed for you.

Please submit to: **Ann Arbor Accessibility Coordinator's Office**  
301 E. Huron St., P.O. Box 8647 6<sup>th</sup> Floor  
Ann Arbor, MI 48107  
Tel: (734) 864-2927  
Fax: (734) 994-8296  
[OOE@a2gov.org](mailto:OOE@a2gov.org)

Date of Request \_\_\_\_\_ Date of Incident \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Requester's Signature

### Description of Incident (please print)

Describe, with specificity, the alleged disability discrimination incident for which you are filing this form. Please include information relating to the incident, including dates, the City service/program involved, and any City personnel involved.

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

### Office Use Only

Date of Incident \_\_\_\_\_ Complaint Number: \_\_\_\_\_

Investigation Due Date \_\_\_\_\_ Service Area Assigned \_\_\_\_\_

City Attorney Assigned \_\_\_\_\_

**Founded**  **Unfounded** City Attorney Approval \_\_\_\_\_

Resolution \_\_\_\_\_



## APPEAL OF GRIEVANCE DETERMINATION

Please complete this form if the response by the Accessibility Coordinator or designee does not satisfactorily resolve the issue. The complainant and/or designee may appeal the decision within 30 calendar days after the receipt of the response. Decisions regarding appeal will not be made by anyone who was involved in the initial resolution.

Within 30 days after the receipt of the appeal, the City Administrator or designee will contact the complainant to discuss the complaint and possible solutions. Within 15 business days after the meeting, the City Administrator or designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

**Instructions:** Complete **Section I** of this form and either email to the Office of Organizational Equity at [OOE@a2gov.org](mailto:OOE@a2gov.org), drop off Guest Service Desk at City Hall in an enveloped marked "Confidential to":

Office of Organizational Equity  
301 E Huron St.  
6<sup>th</sup> Floor  
Ann Arbor, MI 48104

### Section I- To Be Completed by Grievant/Designee

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

Description of Compliant/Issue: \_\_\_\_\_

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Date of Initial Determination: \_\_\_\_\_

Statement of Appeal: Clearly state all grounds for appeal; attached additional sheets as necessary and provide any additional documentation. Please use additional pages if necessary.

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Signature of Grievant/Designee

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Date

**Section II- For Department Use Only**

Date of Appeal Received:

Date of Acknowledgement:

Appeal Decision:

Date of Notification of Decision