

AMERICANS WITH DISABILITIES ACT (ADA)

Grievance Procedure

The City of Ballwin has adopted a grievance procedure for prompt and equitable resolutions of complaints alleging any actions prohibited by the Americans with Disabilities Act (ADA).

Grievances should be addressed to the City Administrators office. There are other employees designated to assist with ADA efforts within the City too.

This form describes the manner in which any person may bring a complaint (referred to as a grievance) regarding the accessibility of facilities, programs, and services of the City of Ballwin. This process is intended to comply with Section 35.107 of the Department of Justice rule (28 CFR Part 35) implementing Title II, Subtitle A of the Americans with Disabilities Act (P.L. 101-336).

STEP 1: Any person either having a disability, associated with a person having a disability or regarded as having an impairment may file a grievance with the City of Ballwin. The grievance may be made by completing this form or you can file your grievance in writing to the city. Your written grievance to the City of Ballwin should include the following information:

- ➔ Name of person filing the grievance.
- ➔ Address and telephone number of person filing the grievance.
- ➔ Address of the person making the grievance (if different from address person filing grievance);
- ➔ Date, time, and location of circumstance or incident;
- ➔ Description of how the city, department or staff member discriminated on the basis of disability including the date, time and location of the incident.
- ➔ The change, correction, remedy, action, or relief sought by the person filing the grievance.
- ➔ The signature of the person filing the grievance.

STEP 2: The grievance should be filed with the City of Ballwin' City Administrator's office within 180 days after the person filing the grievance becomes aware of the alleged violation(s) of ADA regulations. Within three (3) business days of its receipt of the grievance, the city must attempt to arrange a conference with the person filing the grievance. The conference must be conducted within ten (10) business days of the city's receipt of the grievance. Before and after the conference, the ADA Coordinator, with possible assistance from designated employees, must investigate the grievance and examine actions which the department can take to address the grievance.

STEP 3: Within five (5) business days of the conference, the ADA Coordinator will inform the person filing the grievance as to how and when the City will respond, or whether the City will take any action with respect to the grievance. This notice to the person filing the grievance must be in writing or in another permanent and effective means of communication and must be mailed or delivered to the last known address of the person filing the grievance.

STEP 4: If the person filing the grievance finds the City's response to be unsatisfactory, he/she may, within five (5) business days of receipt of the City's response, request that the grievance be reconsidered. A request for reconsideration must be in writing and be filed with the ADA Coordinator's designee.

- A. Reconsideration will be made by the ADA Coordinator's designee. Within ten (10) business days of the department's receipt of a reconsideration request, the ADA Coordinator's designee may take such action as investigating the grievance, interviewing employees or meeting with the person filing the grievance, if deemed necessary to the reconsideration of the request.
- B. A written notice of the decision of the ADA Coordinator's designee must be made no later than twenty (20) business days from the receipt of the request for reconsideration. This notice must be mailed or delivered to the last known address of the person making the reconsideration request.

The right of a person to prompt and equitable resolution of the complaint filed under this procedure shall not be impaired by the person's pursuit of other remedies, such as the filing of an ADA complaint with the responsible federal agency. Use of this procedure is not a prerequisite to the pursuit of other remedies.

These rules shall be constructed to protect the substantive rights of interested persons, to meet appropriate due process standards, and to assure that the City of Ballwin complies with Americans with Disabilities Act.

CITY of BALLWIN
ADA GRIEVANCE FORM

PLEASE complete each section of this form to the best of your ability.
TYPE OR PRINT CLEARLY

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Are you filing this inquiry: (Check all that apply)

- _____ A. On behalf of yourself as a person with a disability?
_____ B. On behalf of a family member or ward who has a disability? PLEASE describe your relationship:
_____ C. As a person associated with another who has a disability?
_____ D. As an interested person?

ABOUT YOUR INQUIRY:

Name of program, service, activity, park or facility involved: _____

Location: _____

Date and time of occurrence you believe was discriminatory or unfair: _____

WHAT HAPPENED?

Please describe in your own words the action(s) by an employee(s), the rules or policy, the service(s) or the condition of a park, area, facility or structure which you feel is discriminatory or unfair. It is not necessary to refer to laws, regulations, ordinances, or policies in your description. (Use additional paper to describe your observation(s), if necessary)

HOW CAN THE PROBLEM BE CORRECTED?

PLEASE describe the actions, which you feel need to be taken to address the problem.

IS THERE A DEADLINE?

Must this problem be addressed before a program begins or an event occurs? PLEASE identify any date, which you feel is important to the problem.

PLANNING A CONFERENCE:

The City will attempt to contact you within three (3) business days of the date your inquiry is received to schedule a conference to discuss it. The conference will occur within ten (10) working days from the date your inquiry is received.

Do you need an accommodation during the conference? If yes, please describe:

When are you most available? (Check two)

- M-F 9:00-11:00 a.m.
- M-F 2:00-5:00 p.m.
- Other _____
- M-F after 5:00 p.m.
- Sat 9:00 a.m. - Noon

Your Signature: _____

SUBMITTING THIS FORM:

Thank you for completing this form. We will contact you soon. Please mail this form to:

Terri Johnson, CTRS, CPRP ADA Coordinator
City of Des Peres
12325 Manchester Road
Ballwin, Missouri 63131

For assistance with this form, or for information about program accessibility, please call (314) 835-6157 Voice or please use Relay Missouri 1-800-735-2966 TDD.

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