

TOWN OF WAYNETOWN

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Date grievance filed: _____

Grievance filed by: _____

Mailing address: _____

Contact phone number: _____

Person discriminated against if other than yourself: _____

Name and address of program, service, activity or facility where the incident took place:

Date of incident: _____

Name of Waynetown Employee involved (if applicable): _____

Description of incident (a letter of explanation may be attached):

The information provided must be complete or the complaint will be held for further investigation. The ADA Coordinator will notify the complainant in writing if additional information is needed.

Within 15 calendar days of receipt of the grievance, the ADA Coordinator will present the grievance to the Waynetown Town Council to discuss possible solutions or findings. Within 15 calendar days after the Waynetown Town Council meeting, the ADA Coordinator will respond in writing to the complainant, explaining the position of the Waynetown Town Council and options for resolution of the complaint.

If the response does not satisfactorily resolve the issue, the complainant may appeal the decision to the Waynetown Town Council within 15 calendar days after receiving the response. Complainants should also provide an explanation about why the initial response was not satisfactory.

Within 15 calendar days after receiving the appeal, a meeting will be held between the Waynetown Town Council and the complainant. Within 15 calendar days after this meeting, at the request of the Waynetown Town Council, the ADA Coordinator will respond in writing with a final resolution of the complaint.

All formal grievances received by the ADA Coordinator will be kept on file for at least 3 (three) years.

ADA Coordinator: _____ Date received: _____

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