



GRIEVANCE PROCEDURE
AMERICANS WITH DISABILITIES ACT (ADA)
CITY OF LA PORTE, INDIANA

PURPOSE

The City of La Porte has adopted this formal grievance procedure to address any grievances that allege the City is not in compliance with Title II of the Americans with Disabilities Act of 1990. This procedure should be followed by anyone who seeks to file a grievance alleging disability discrimination by the City of La Porte pertaining to City services, activities, programs, or benefits. This grievance procedure shall not apply to any claims under Title I of the ADA.

PROCEDURES FOR FILING A GRIEVANCE

1. **Grievance Form:** A grievance shall be made in writing to the ADA Coordinator on the specified form: *Grievance Form/Americans with Disabilities Act*, attached. Alternative means of filing a grievance will be made available for persons with disabilities upon request. The Grievance Form/Americans with Disabilities Act may be obtained online at the City's website or at the office of the ADA Coordinator.

Contact: City of La Porte ADA Coordinator
801 Michigan Avenue
La Porte, IN 46350
219-362-2327
adacoordinator@cityoflaportein.gov

2. **Deadline for Filing Grievance:** A grievance shall be filed with the ADA Coordinator as soon as possible, but no later than sixty (60) days after claimant becomes aware of the alleged violation.
3. **Investigation Process:** Within fifteen (15) calendar days of receiving the grievance, the appropriate City representative shall review the submitted grievance. This process may include contacting the claimant to discuss the grievance and possible resolutions. In the event the City representative and claimant cannot agree upon a satisfactory resolution of the matter, a written response upon completion of the investigation shall be provided.

The written response shall restate the grievance as received in writing. The report will state the section of the ADA with which the City is alleged not to be in compliance. The report will state the finding of the City representative. If it is found that the City is not in compliance with the provisions of the ADA, the report will identify in the transition plan the schedule for compliance or identify the process and schedule to be used by La Porte to obtain compliance.

If it is the finding of the ADA Coordinator or City representative that compliance has been achieved and the complainant does not agree, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to the Board of Public Works & Safety by timely filing a written *Request for Review of Decision of ADA Coordinator*. The *Request for Review of Decision of ADA Coordinator* form is attached. The form may also be obtained on the City of La Porte's website or at City Hall.

Upon receipt of the complainant's written *Request for Review of Decision of ADA Coordinator*, the matter shall be placed on the agenda for the soonest reasonable Board of Public Works & Safety meeting. The Board of Public Works & Safety will review all relevant information, including but not limited to the decision of the ADA Coordinator, the *Request for Review of Decision of ADA Coordinator* filed by the complainant, and any additional information presented at the meeting. The Board will render a decision on the matter within forty-five (45) calendar days and provide the complainant with a response in writing, and where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

4. Retention of Records: The ADA Coordinator and Board of Public Works & Safety shall maintain files and records of all grievances filed under this grievance procedure for a period of one (1) year following the date of the resolution or determination of the grievance.

PLEASE DESCRIBE WHAT YOU BELIEVE SHOULD BE DONE TO RESOLVE THE COMPLAINT:

HAS A COMPLAINT BEEN FILED WITH ANOTHER BUREAU OF THE DEPARTMENT OF JUSTICE OR ANY OTHER FEDERAL, STATE, OR LOCAL CIVIL RIGHTS AGENCY OR COURT?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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IF YES, WHICH AGENCY/COURT?	
CONTACT PERSON:	
ADDRESS:	
CITY, STATE & ZIP CODE:	
TELEPHONE NUMBER:	
DATE FILED:	

DO YOU INTEND TO FILE WITH ANOTHER AGENCY OR COURT?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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AGENCY OR COURT?	
ADDRESS:	
CITY, STATE & ZIP CODE:	
TELEPHONE NUMBER:	

SIGNATURE: _____

DATE: _____

RETURN FORM TO: City of La Porte ADA Coordinator
801 Michigan Avenue
La Porte, Indiana 46350
adacoordinator@cityoflaportein.gov
219-362-2327



LA PORTE
I N D I A N A

REQUEST FOR REVIEW OF DECISION OF ADA COORDINATOR
AMERICANS WITH DISABILITIES ACT (ADA)
CITY OF LA PORTE, INDIANA

INSTRUCTIONS: Please fill out this form completely in type or black ink. Sign and return to the address on the next page. Alternative means of filing a grievance will be made available upon request to the Clerk’s Office, whose contact information is listed at the end of this form.

COMPLAINANT:	
ADDRESS:	
CITY, STATE & ZIP CODE:	
HOME PHONE:	
MOBILE PHONE:	
EMAIL ADDRESS:	

DATE RECEIVED WRITTEN RESPONSE FROM ADA COORDINATOR:	
REASONS FOR DISAGREEMENT WITH DECISION OF ADA COORDINATOR:	
PLEASE DESCRIBE HOW YOU BELIEVE COMPLIANCE CAN BE ACHIEVED AND THIS MATTER RESOLVED:	

SIGNATURE: _____

DATE: _____

RETURN FORM TO: City of La Porte Clerk-Treasurer’s Office
801 Michigan Ave
La Porte, Indiana 46350
219-362-9512