

Grievance Procedure under The Americans with Disabilities Act

The purpose of this form is to assist any person who wishes to file a discrimination complaint with the Town of Edgewood. The town will follow the complaint procedure process outlined in it's Title VI plan.

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 in the provision of services, activities, programs, or benefits by the Town of Edgewood, Indiana. The Town of Edgewood, Indiana's Personnel Policy governs employment-related complaints of all 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:

Katherine Tanner
Clerk Treasurer
ADA Coordinator
Town of Edgewood, Indiana
3317 Nichol Avenue
Anderson, IN 46011
765-649-5534 x303
ktanner@townofedgewoodin.us

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or his/ her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator or his/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 Town of Edgewood, Indiana and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or his/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 Town of Edgewood Council President, or his/her designee.

Within 15 days after receipt of the appeal, the Town Council President, Town of Edgewood, Indiana or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the President of the Edgewood Town Council, Indiana or his/her 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 the ADA Coordinator or his/her designee, appeals to the Council President, Town of Edgewood, Indiana or his/her designee, and responses from these two offices will be retained by the Town of Edgewood, Indiana for at least three years.

**ADA GRIEVANCE FORM
TOWN OF EDGEWOOD, INDIANA**

Today's Date: _____
(First, middle, and last name)

Complainant: _____

Address: _____

City, State, Zip Code: _____

Home Telephone: _____

Work Telephone: _____

Cellular Number: _____

E-mail: _____

PERSON/AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU OR ANOTHER PERSON

Name (first, middle, last) _____ **Title** _____

Relationship to you if you are not the person listed above: _____

Name of Entity: _____

Address (number and street, city/town, state and zip) _____

Home Telephone: _____

Work Telephone: _____

Cellular Number: _____

E-mail: _____

Name of Complainant: _____ Date: _____

Alleged Violation: Date(s) and Approximate Time of Occurrence: _____

Describe the alleged act(s) of discrimination. (Use additional pages, if necessary.)

Complaints of discrimination must be filed within 90 days after the grievant party becomes aware of the alleged violation. If the alleged act of discrimination occurred more than 90 days ago, please explain your delay in filing this complaint.

The alleged discrimination was based on:

- | | | | | |
|------------|----------|-------------|-----------------------|-----------------|
| Race | Color | Age | Gender | National Origin |
| Disability | Ancestry | Retaliation | Religious Affiliation | |

Name of Complainant: _____ Date: _____

Provide the names of any individuals with additional information regarding your complaint:

Name of witness 1 (first, middle, last) _____

Title: _____ Name of Entity: _____

Address (number and street, city/town, state and zip) _____

Home Telephone: _____

Work Telephone: _____

Cellular Number: _____

E-mail: _____

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

Name of witness 2 (first, middle, last) _____

Title: _____ Name of Entity: _____

Address (number and street, city/town, state and zip) _____

Home Telephone: _____

Work Telephone: _____

Cellular Number: _____

E-mail: _____

Name of Complainant: _____ Date: _____

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

Name of witness 3 (first, middle, last) _____

Title: _____ Name of Entity: _____

Address (number and street, city/town, state and zip) _____

Home Telephone: _____

Work Telephone: _____

Cellular Number: _____

E-mail: _____

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.

How would you like your complaint to be resolved? _____

Name of Complainant: _____ **Date:** _____

Has Complaint been filed with State or Federal Agency: ____ Yes ____ No

Name of Agency: _____

Date Filed: _____

Contact Person: _____

Case Number: _____

Current status of your complaint: _____

How did you learn about your right to file a discrimination complaint with the Town of Edgewood?

Signature: _____ **Date Signed:** _____