

## TOWN OF ROBERSONVILLE, NORTH CAROLINA ADA GRIEVANCE PROCEDURES

The Town of Robersonville (Town) has adopted a public grievance procedure for prompt and equitable resolution of complaints alleging an action prohibited by federal regulations contained in Title II of the Americans with Disabilities Act of 1990 (ADA) or Section 504 of the Rehabilitation Act of 1973.

Issues that may be grieved include but are not limited to: denial of a requested accommodation, inadequacy of an accommodation, inaccessibility of a program or activity due to disability, or discrimination based on disability.

### PURPOSE

The purpose of the public grievance procedure is to describe the steps used by the Town for processing complaints under Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and related statutes and authorities. These procedures are designed to establish operating guidelines that incorporate appropriate due process standards and ensure agency compliance with Section 504 of the Rehabilitation Act of 1973 and Title II of the

### FILING OF COMPLAINTS

1. Applicability - These complaint procedures apply to members of the public who are beneficiaries of the Town's programs, activities, and services or applicants for employment with the Town.
2. Eligibility Any person or class of persons alleging an action prohibited by federal regulations contained in Title II of the Americans with Disabilities Act of 1990 (ADA) or Section 504 of the Rehabilitation Act of 1973 may file a written complaint with the Town Manager's Office. The law prohibits intimidation or retaliation of any sort. The complaint may be filed by the affected individual or a representative and must be in writing.
3. Time Limits and Filing Options - A complaint shall be filed within one hundred eighty (180) days after the complainant becomes aware of the alleged prohibited action or denial of accommodation. Complaints received later than one hundred eighty (180) days after the alleged prohibited action or denial of accommodation may be dismissed as untimely.
4. Format for Complaints - A complaint shall be filed in writing and shall contain the complainant's name, address, phone number, and nature of the complaint, previous denials of requested accommodation, and alleged violation (if any) of the regulations. In the event the complainant is unable to prepare the complaint in writing, he/she

may contact the Town's designated ADA Coordinator to arrange an alternate method. The complainant may choose to use the attached Town ADA Grievance Form.

5. Investigation - An investigation, as may be appropriate, will follow the filing of a complaint, the investigation shall be conducted by the Town's designated ADA Coordinator and/or designated staff. The investigation shall include contact with the complainant, Town staff, and others as necessary.
6. Grievance Notification:
  - A) When a grievance is received, the Town will provide written acknowledgment to the Complainant, within ten (10) business days by mail.
  - B) If the complaint is incomplete, the Complainant will be contacted in writing or by telephone to obtain the additional information. The complainant will be given fifteen (15) calendars days to respond to the request for additional information. Failure to do so may be considered cause for a grievance dismissal.
  - C) The Complainant will be notified that the Town will attempt to resolve complaints within 60 days after the Town has received the completed grievance.
7. Findings - A written report of findings as to the validity of the complaint and a proposed resolution, if any, shall be issued by the Town's designated ADA Coordinator. A copy of the written report shall be forwarded to the complainant not later than sixty (60) days after receipt of the complaint. The findings report shall include:
  - A) a description of the complaint
  - B) a finding of facts
  - C) a description of how the complaint will or will not be resolved
  - D) when the complaint will be resolved, if not denied
  - E) responsible staff name and contact information, if not denied

## RECORDS MAINTENANCE

The Department's ADA Coordinator shall maintain records of all complaints for a period of five (5) years.

### Town of Robersonville ADA Grievance FORM

Any person alleging an action prohibited by federal regulations contained in Title II of the Americans with Disabilities Act of 1990 (ADA) or Section 504 of the Rehabilitation Act of 1973 may file a written complaint with the Town Manager's Office within 180 days after the alleged action occurred.		
Last Name:	First Name:	

Mailing Address:			State	Zip
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Home Telephone:	Work Telephone:	E-mail Address
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Date and place of alleged action(s). Please include earliest action date and most recent action date:

Names of individuals responsible for the action(s):  
 (if you do not know the name(s) or there was no specific person involved you may leave this blank):

Describe the alleged prohibited action. Explain as clearly as possible what happened and why you believe this is a prohibited action:  
 (Attach additional page(s), if necessary)

Retaliation against a complainant or individual assisting a complainant under this grievance procedure is prohibited. If you feel you have been retaliated against please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation:

Names of persons (witnesses or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).

<u>Name</u>	<u>Telephone</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Have you discussed the complaint with any Town representative? If yes, provide the name, position, and date of discussion:

Please provide any additional information that you believe would assist with an investigation:

Briefly explain what remedy you are seeking for the alleged action:

WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.

COMPLAINANT'S SIGNATURE

DATE

Mail complaint form to:  
Town Manager's Office  
Town of Robersonville  
Post Office Box 487  
Robersonville, North Carolina 27817