

## **City of El Mirage**

### **Grievance Procedure under the Americans with Disabilities Act (ADA)**

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of El Mirage. The City's Personnel Policy governs employment-related complaints of disability 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 (A grievance form is attached for convenience). 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:

***City of El Mirage  
Community Development Department  
ADA Coordinator  
10000 N. El Mirage Road  
El Mirage, AZ 85335***

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 format accessible to the complainant, such as large print or audio tape. The response will explain the position of the City 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 City Engineer or his/her designee.

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

**City of El Mirage  
ADA Complaint / Grievance Form**

Complainant Name: \_\_\_\_\_

Person Preparing Complaint (If different from Complainant): \_\_\_\_\_

Relationship to Complainant (If different from Complainant): \_\_\_\_\_

Street Address & Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact:    Phone    Email

Please provide a complete description of the specific complaint or grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify any location(s) related to the complaint or grievance (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Please state what you think should be done to resolve the complaint or grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages, if necessary.)*

Please do not contact me personally.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:     **City of El Mirage, Community Development Department, ADA Coordinator**  
                  **10000 N. El Mirage Road, El Mirage, AZ 85335**

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above or via telephone at (623) 876-2977.