

# **City of Homestead**

## **Grievance Procedure under**

### **The Americans with Disabilities Act**

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 grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the **City of Homestead**. The **City of Homestead** Personnel Policy governs employment-related grievances of disability discrimination.

The grievance 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: **ADA Coordinator, 790 N. Homestead Blvd., Homestead, FL 33030 at (305) 224-4472 or (305) 248-7299 (TTY).**

The grievance should be in writing and contain the following information:

- **the name, address, and telephone number of the person filing the grievance;**
- **the name, address and telephone number of the person alleging the violation, if other than the person filing the grievance;**
- **a description of the alleged violation and the remedy sought;**
- **information regarding whether a complaint has been filed with the Department of Justice or other federal, state or local civil rights agency;**
- **if a complaint has been filed, the date the complaint was filed, and the name, address and telephone number of a contact person with the agency with which the complaint was filed.**

Alternative means of filing grievances, such as personal interviews or a tape recording of the grievance will be made available for persons with disabilities upon request.

Within 45 calendar days after receipt of the grievance, the **ADA Coordinator** or his/her designee will meet with the complainant to discuss the grievance and the possible resolutions. Within 30 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 **City of Homestead** and offer options for substantive resolution of the grievance.

If the response by the **ADA Coordinator** or his/her designee does not satisfactorily resolve the issue, the grievant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the **City Manager** or his/her designee.

Within 45 calendar days after receipt of the appeal, the **City Manager** or his/her designee will meet with the grievant to discuss the grievance and possible resolutions. Within 30 calendar days after the meeting, the **City Manager** or his/her designee will respond in writing, and, where appropriate, in a format accessible to the grievant, with a final resolution of the grievance. The resolution of any one grievance does not constitute a precedent upon which the City may be bound or upon which any complaining parties may rely.

All written grievances received by the **ADA Coordinator** or his/her designee, appeals to the **City Manager** or his/her designee, and responses from these two offices will be retained by the **City of Homestead** for at least three years.

For More Information Contact: **ADA Coordinator, City of Homestead, (305) 224-4472 or (305) 248-7299 (TTY).**