

City of Marysville

Grievance and Complaint 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 complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Marysville. The City of Marysville'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. 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:

Teri Lester
ADA Coordinator/Human Resources Manager
1015 State Avenue, Marysville, WA 98270
Phone: 360-363-8000
TTY: 1-800-877-8339
E-mail: tlester@marysvillewa.gov

Within 15 calendar days after receipt of the complaint, the ADA coordinator or their 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 their 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 Marysville and offer options for substantive resolution of the complaint.

If the response by the ADA coordinator or their 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 Chief Administrative Officer or his/her designee.

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

ADA Grievance / Complaint Procedure and Instructions

The City is required to apprise the public of the protections against discrimination afforded to them by Title II of the ADA, including information about how Title II requirements apply to its particular programs, services, and activities [28 C.F.R. § 35.106].

Step 1: File ADA Complaint / Grievance Form

The complainant should fill out the ADA Complaint / Grievance Form shown below, giving all of the information requested. The ADA Complaint / Grievance Form should be filed in writing with the ADA Coordinator within 60 days of the alleged disability-related discrimination. Upon request, reasonable accommodations will be provided in completing the form, or alternative formats of the form will be provided. The ADA Complaint / Grievance Procedure and Form may be obtained from and sent to the City.

Step 2: An Investigation is Conducted

A notice of receipt shall be mailed to the complainant via first-class mail postage prepaid within five days of the receipt of the complaint or grievance, and the ADA Coordinator or another authorized representative shall begin an investigation into the merits of the complaint within 60 days. If necessary, the ADA Coordinator or another authorized representative may contact the complainant directly to obtain additional facts or documentation relevant to the grievance. If the complainant alleges misconduct on the part of the ADA Coordinator, another authorized representative may be appointed by the Chief Administrative Officer to undertake the investigation if the allegations can be substantiated. If the complainant does not wish to be contacted personally, he/she should indicate it on the ADA Complaint / Grievance Form.

Step 3: A Written Decision is Prepared and Forwarded to the Complainant

The ADA Coordinator shall prepare a written decision, after full consideration of the grievance merits, no later than 75 days following the receipt of the grievance. If the complaint alleges misconduct on the part of the ADA Coordinator, another authorized representative may be appointed by the Chief Administrative Officer to prepare the written decision if the allegations can be substantiated. A copy of the written decision shall be mailed to the complainant via first-class mail postage prepaid no later than five days after preparation of the written decision.

Step 4: A Complainant May Appeal the Decision

If the complainant is dissatisfied with the written decision, the complainant may file a written appeal with the Chief Administrative Officer no later than 30 days from the date that the decision was mailed. See ADA Complaint/Grievance Appeal Form below. The appeal must contain a statement of the reasons why the complainant is dissatisfied with the written decision, and must be signed by the complainant, or by someone authorized to sign on the complainant's behalf. A notice of receipt shall be mailed to the complainant via first-class mail postage prepaid within five days of the receipt of the appeal. The appeal reviewers, consisting of the ADA Coordinator the Chief Administrative Officer, shall act upon the appeal no later than 60 days after receipt, and a copy of the appeal reviewers' written decision shall be mailed to the complainant via first-class mail postage prepaid no later than five days after preparation of the decision. The decision of the appeal reviewer shall be final.

The ADA Coordinator shall maintain the confidentiality of all files and records relating to grievances filed unless disclosure is authorized or required by law. Any retaliation, coercion, intimidation, threat, interference, or harassment for the filing of a grievance, or used to restrain a complainant from filing, is prohibited and should be reported immediately to the ADA Coordinator.

City of Marysville WA - ADA Complaint / Grievance Form

Complainant Name:

Designee Preparing Complaint (if different from Complainant):

Designee's Relationship to Complainant:

Street Address & Apt. No.:

City:

State:

Zip:

Phone:()

E-mail:

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:

Please attached additional pages as needed.

Please do not contact me personally.

Signature: _____

Date: _____

Return to:

City of Marysville, Teri Lester, ADA Coordinator, 1015 State Ave. Marysville, WA 98270

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Teri Lester, ADA Program Access Coordinator, at the address listed above, via telephone (360) 363-8000, fax (360) 651-5033, e-mail: tlester@marysvillewa.gov, or TTY 1-800-877-8339.

City of Marysville WA - ADA Complaint /Grievance Appeal Form

Complainant Name: _____

Designee Name (if applicable): _____

Designee Relationship to Complainant (if applicable): _____

Contact Information (please check one): Complainant Designee

Address: _____

Phone: () _____ E-Mail: _____

PLEASE PROVIDE A DETAILED EXPLANATION OF WHY YOU BELIEVE THE RESPONSE FROM THE COUNTY'S ADA COORDINATOR DID NOT SATISFACTORILY RESOLVE YOUR COMPLAINT (Please attach a complete copy of your initial complaint and the response resolution letter from the City's ADA Coordinator):

APPEAL REMEDY REQUESTED:

Complainant or Designee Signature: _____ Date: _____

RETURN TO:

City of Marysville, Teri Lester, ADA Coordinator, 1015 State Ave. Marysville, WA 98270

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