

City of Kingsport Americans with Disabilities Act Grievance Procedure

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 and the ADA Amendments Act of 2008. It may be used to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Kingsport.*

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of grievant and location, date, and description of the problem. Alternative means of filing complaints, *e.g.*, personal interviews, recording of the complaint, *etc.* will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant or designee as soon as possible but no later than sixty (60) calendar days after the alleged violation to:

George DeCroes, ADA Coordinator
City of Kingsport
301 Louis Street, Suite 303
Kingsport, TN 37660
Email: ADAcontact@KingsportTN.gov

Within fifteen (15) calendar days after receipt of the complaint, the ADA Coordinator or designee will offer to meet with the grievant to discuss the complaint and the possible resolutions. This meeting can occur either in person, over the phone, electronically, or in any format agreeable to the grievant and ADA Coordinator. Within fifteen (15) calendar days after the meeting, the ADA Coordinator or designee will respond in writing, in a format accessible to the grievant, and will explain the position of the city and may offer other options for substantive resolution of the complaint.

If the response by the ADA Coordinator or designee does not satisfactorily resolve the issue, the grievant or designee may appeal the decision within fifteen (15) calendar days after receipt of the response to the City Manager.

Within fifteen (15) calendar days after receipt of the appeal, the City Manager or designee will offer to meet with the grievant to discuss the complaint and possible resolutions. This meeting can occur either in person, over the phone, electronically, or in any format agreeable to the grievant and City Manager. Within fifteen (15) calendar days after the meeting, the City Manager or designee will respond in writing, in a format accessible to the grievant, with a final decision of the city regarding the complaint.

All written complaints and responses (made or received) will be retained by the City of Kingsport for at least three (3) years.

* **FOR CITY EMPLOYEES:** A complaint by a city employee alleging discrimination on the basis of *disability pertaining to employment with the city* will be processed pursuant to the Employee Workplace Complaint Procedure approved by Resolution No. 2008-149 and set out in the Kingsport Human Resources Policies and Procedures.

Request for ADA Grievance Resolution Form City of Kingsport

Date: _____

I, _____, am filing a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Kingsport.

STATEMENT OF GRIEVANCE

Date of Complaint: _____

Location of Complaint: _____

Names of Involved Parties: _____

Nature of Complaint Detailing Specific events (including any documentation that may support your grievance):

Prior Attempts to Resolve (please indicate any previous efforts to resolve your complaint including dates and parties involved):

Resolution Sought (please provide a clear statement that reflects the resolution you believe will satisfy your complaint):

Name of Individual (Grievant): _____

Print Name: _____

Signature: _____

Mail or Email a copy of this form and copies of any supporting documentation to:

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