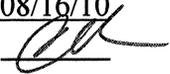


Effective Date: 08/16/10
Approval: 

ADMINISTRATIVE DIRECTIVE

SECTION: ADMINISTRATION
TOPIC: ADA COMPLAINT PROCEDURE
REFERENCE: 1.6.5
POLICY: 1.0 – SECTION IV

I. DIRECTIVE

It is the City of Lewisville’s intent to ensure that people with disabilities of all kinds have an equal opportunity to participate in and benefit from the City’s services, programs and activities.

The City of Lewisville does not discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms, conditions, and privileges of employment. The City will reasonably accommodate qualified individuals with a temporary or long-term disability so that they can perform the essential functions of a job. An individual who can be reasonably accommodated for a job, without undue hardship, will be given the same consideration for that position as any other applicant.

The City of Lewisville has adopted a complaint procedure providing prompt and equitable resolution of complaints alleging any action prohibited by the United States Department of Justice in accordance with the American with Disabilities Act.

II. PROCEDURE

This Complaint Procedure is established to meet the requirements of the Americans with Disabilities Act (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and policies or the provision of services, activities, programs, or benefits by the City of Lewisville.

- A. The first notice to the City of an ADA complaint/questions may be made via telephone, verbal or written form. Upon request, alternative means of filing complaints, such as personal interviews or a tape recording will be made available to persons with disabilities. The request/complaint shall be directed to the Director of Human Resources/ADA Coordinator.
- B. Any written complaint shall contain information about the alleged discrimination such as name, address, phone number of the complainant and location, date, and description of the problem. The form attached hereto may be used for this

purpose. Upon request, alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities.

- C. The complaint shall be submitted by the grievant or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation.
- D. Within five business days, the ADA Coordinator will forward the complaint to the appropriate ADA Compliance Officer as designated by the City Manager.
- E. The ADA Compliance Officer will contact the complainant to discuss the complaint and possible resolutions. After a thorough investigation, the ADA Compliance Officer will provide the ADA Coordinator a report recommending any necessary changes, accommodations or modifications. The ADA Coordinator will then respond in writing, and where appropriate, a format accessible to the complainant. The response will offer options for substantive resolution of the complaint.
- F. The complainant can request a review of the findings in instances where he or she is dissatisfied with the resolution. The request for review should be made within ten days to the City Manager. The City Manager will review the appeal and will provide a response to the complainant with within 15 business days after receipt of the complaint. The City Manager reserves the right to extend that time if necessary to properly investigate and respond to the complaint.
- G. The ADA Coordinator shall maintain the files and records of the City of Lewisville relating to ADA complaints filed and the City's responses.

III. GENERAL PROVISIONS

The City of Lewisville reserves the right to change, modify, amend, revoke, or rescind all or part of this directive at any time.

CITY OF LEWISVILLE

COMPLAINT FORM PURSUANT TO THE AMERICANS WITH DISABILITIES ACT

(Please type or print clearly)

Name: _____ Date incident occurred: _____

Address: _____ City of Lewisville Department where incident

State: _____ Zip Code: _____ occurred: _____

Contact phone number: _____ Address where incident occurred: _____

Have you contacted anyone in the above named department regarding your complaint?

____ Yes ____ No

If yes, name and telephone number of contact person: _____

Describe nature of grievance (Be specific--name, dates, locations, etc.):

(Attach additional sheet if necessary.)

Explain why you feel the City of Lewisville has discriminated against you on the basis of your disability:

Signature of Complainant _____ Date Completed _____

Return completed form to:

ADA Coordinator Melinda Galler
City of Lewisville
151. W. Church Street
Lewisville, Texas 75077

Received by ADA Coordinator: _____