

CITY OF PINSON ADA GRIEVANCE PROCEDURE

It is the policy of the City of Pinson to provide access to its services and programs for persons with disabilities in accordance with Title II of the Americans with Disabilities Act (ADA). This internal grievance procedure is established to allow a citizen to file an ADA grievance concerning access to City facilities, services, activities, or programs so that a prompt and equitable resolution can be reached.

Any grievance must be in writing and contain all of the following information:

- The name, address and telephone number of the person filing the grievance;
- The name, address and telephone number of the person with the ADA grievance, if other than the person submitting the grievance on his or her behalf;
- A detailed description of the alleged grievance or violation and the remedy sought;
- The City facility, service, activity, or program at issue; and
- Any other written information, documentation, photographs, etc. to more fully explain, identify or describe the grievance.

Your written grievance may be in letter format, but the City of Pinson encourages the use of the City of Pinson ADA Grievance Form. If a citizen is seeking a reasonable modification under Title II, citizens are encouraged to use the City of Pinson Disability Accommodation Form.

The written grievance should be submitted as soon as possible, but no later than thirty (30) calendar days after the alleged grievance or violation is observed to:

Bob Jones, ADA Coordinator
City of Pinson
4410 Main Street
Pinson, Alabama 35126
bjones@thecityofpinson.com

Upon receipt of the complaint, the ADA Coordinator will determine its jurisdiction, acceptability, the need for additional information, and investigate the complaint, if accepted. The complaint must meet the following criteria for acceptance: the grievance must be filed within thirty (30) days of the alleged occurrence; the allegation(s) must involve a grievance protected under the American with Disabilities Act and its governing regulations; and the allegations and/or grievance must involve a City of Pinson service, activity, or program.

If an informal resolution is not reached regarding the grievance within sixty (60) days after receipt of the grievance, the ADA Coordinator will respond in writing in an accessible format to the complainant, explaining the position of the City. The ADA Coordinator may offer options for resolution of the grievance.

The resolution of any specific grievance will require consideration of various issues including, the nature of the disability, the nature of the access to services, programs, activities, or facilities at issue and the eligibility requirements for participation. In addition, grievances will be evaluated considering the health and safety of others, the degree to which the accommodation or requested solution would require a fundamental alteration to the program, service or facility or cause an undue hardship to the City of Pinson. Accordingly, the resolution by the City of Pinson of any particular grievance does not constitute a precedent upon which the City is bound or upon which any grieving or other citizen may rely.

All grievances received by the City of Pinson's ADA Coordinator will be retained by the ADA Coordinator for a period of at least three (3) years.

CITY OF PINSON
ADA GRIEVANCE FORM

The City of Pinson is committed to meeting the requirements of the Americans with Disabilities Act. This form 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 Pinson.

The following information is necessary to assist us in processing your ADA complaint. If you require any assistance in completing this form, please contact the ADA Coordinator, Bob Jones, by sending an email request to bjones@thecityofpinson.com.

The completed form may be submitted electronically or returned to:

City of Pinson ADA Coordinator, Bob Jones
Pinson City Hall
4410 Main Street
Pinson, AL 35126

SECTION I – Contact Information		
Name:		Telephone:
Address:		
City:	State:	Zip Code:
Email:		
SECTION II – Complainant Information		
Are you filing this complaint on your own behalf? *Yes <input type="checkbox"/> No <input type="checkbox"/>		
*If Yes, go to Section III		
If No, please provide the following contact information for the person discriminated against:		
Name:		Telephone:
Address:		
City:	State:	Zip Code:
Email:		
What is your relationship to this person:		
SECTION III – Incident Description		
Date of the alleged discrimination (Month/Day/Year):		

Location of the alleged discrimination:

Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons, program and/or services involved, and state the remedy sought.
Use the back of this form or separate pages if additional space is required.

SECTION IV – Incident Information

Please list any and all witnesses' names and phone numbers/contact information.
Use the back of this form or separate pages if additional space is required.

Ave you discussed your complaint with anyone within the City of Pinson? Yes No

If Yes, please provide name(s) and position(s):

You may attach any written materials, photographs or other information you think is relevant to your complaint.

Signature and date are required below:

I affirm that the above is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

For questions regarding this form or the grievance procedure, please contact the ADA Coordinator at bjones@thecityofpinson.com