

## Appendix F – grievance procedure

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Under the ADA, each agency is required to publish its responsibilities regarding the ADA. A draft of this public notice is provided in Appendix E. If users of public ROW, buildings, and facilities believe the city has not provided reasonable accommodation, they have the right to file a grievance.

In accordance with 28 CFR 35.107 (b), the city has developed the following grievance procedure for the prompt and equitable resolution of citizen complaints, concerns, comments, and other grievances.

The city understands that members of the public may desire to contact staff and discuss ADA issues without filing a formal grievance. Members of the public wishing to contact the staff should contact the ADA coordinator, listed in Appendix A, and are encouraged to do so. Contacting the ADA coordinator to informally discuss ADA issues is welcome and does not limit the ability or right to file a formal grievance later. Upon receipt of a completed Grievance Form, the ADA coordinator will review the information in a timely manner and contact the complainant in order to attempt to find a resolution to the complaint. If the complainant is not satisfied with the resolution proposed by the ADA coordinator, then within 10 days, the complainant may make a written appeal to the city Administrator, who shall have final decision-making authority regarding the complaint.

As per ADA requirements, the city has posted a notice outlining its responsibilities. This notice can be found in this Appendix.

The city appreciates and welcomes your comments. To provide feedback, please complete a comment form located in the following pages, or contact the ADA coordinator listed in Appendix A. Those wishing to file a formal written grievance with the city may do so by one of the following methods:

### Internet

Visit the city's website [shoreviewmn.gov/ADA](http://shoreviewmn.gov/ADA) to access the ADA grievance form. Fill in the form online and click "submit." A copy of the form is included in this Appendix.

### Telephone

Contact the ADA coordinator listed in the contact information section of Appendix A to submit an oral grievance. The ADA coordinator will utilize the



online form to submit the grievance on behalf of the person filing the grievance.

### **Paper submittal**

Contact the ADA coordinator listed in the contact information section of Appendix A to request a paper copy of the city's grievance form, complete the form, and return it to the ADA coordinator. The ADA coordinator or city staff person will then utilize the online form to submit the grievance on behalf of the person filing the grievance.

### **Public notice**

In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA) of 1990, the City of Shoreview will not discriminate against qualified individuals with disabilities on the basis of disability in city services, programs, or activities.

### **Employment**

The city does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the Americans with Disabilities Act (ADA).

### **Effective communication**

The city will generally, upon request, provide appropriate aids and services leading for qualified persons with disabilities so they can participate equally in the city's programs, services, and activities. This includes:

- Qualified sign language interpreters
- Documents in Braille
- Other ways of making information and communications accessible to people who have speech, hearing, or vision impairments

### **Modifications to policies and procedures**

The city will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all city programs, services, and activities. For example, individuals with service animals are welcome in city offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a city program, service,



or activity, should contact the ADA coordinator as soon as possible, but no later than 48 hours before the scheduled event.

The ADA does not require the city to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

The city will not place a surcharge on an individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.



F-1: ADA Grievance Form





Shoreview Public Works  
4600 Victoria Street North  
Shoreview, Minnesota 55126  
651-490-4600 | shoreviewmn.gov

## ADA Grievance Form

Please fill out this form completely, in black ink or type. If you need any accommodation or assistance in completing this form, please contact David Yang, ADA coordinator, at 651-490-4664. Sign and return to Shoreview City Hall: 4600 Victoria Street North, Shoreview, Minnesota 55126.

### Discrimination description

Date of alleged discrimination: \_\_\_\_\_

Have efforts been made to resolve this complaint?  Yes  No

If yes, what is the status of the grievance? \_\_\_\_\_

Has the complaint been filed with the Department of Justice or any other federal, state, or local civil rights agency or court?  Yes  No

If yes, agency or court name: \_\_\_\_\_

Contact name and title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of grievance/discrimination: \_\_\_\_\_

### Complainant information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of communication: \_\_\_\_\_

### Completed by

Are you filling this form out on your own behalf?  Yes  No

If no, complete this section

Name of individual who are filling this form out for: \_\_\_\_\_

Relationship to the individual: \_\_\_\_\_

Why are you filing for a third party? \_\_\_\_\_



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Do you have permission from this individual to file on their behalf?  Yes  No

### Other information

Have you previously filed an ADA complaint with the city?  Yes  No

What is the specific remedy you are looking for to resolve this issue?

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You may attach additional pages if needed or other relevant information.

I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

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Signature

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Date

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### For office use

Date received: -----

By: -----