

GRIEVANCE 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. The City of Shelton Resolution No. 1071-0814 with Exhibit "A" ADA Policy and Notice governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination. The written complaint needs to be submitted as soon as possible, but no later than 60 calendar days after the alleged violation.

In order to assist The City of Shelton in obtaining the necessary information for your complaint, please follow these steps:

1. Complete Shelton Municipal Court ADA Complaint Grievance form
2. Sign and date the form
3. Submit the form and any attachments to:
ADA Coordinator
Shelton Municipal Court 525 W Cota
Shelton, WA 98584
Email: court@ci.shelton.wa.us

360.426.9772 option 0. Within 15 calendar days after receipt of the complaint, the ADA Coordinator or designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator will respond in writing to the complainant. The response will explain the position of the Court and may offer options for substantive resolution of the complaint.

If the response by the Court's ADA Coordinator or designee does not satisfactorily resolve the issue, the complainant may appeal the decision within 15 calendar days after receipt of the response, to the Presiding Judge or designee. Should the Complainant not be satisfied with the Presiding Judge or designee's response, the Complainant shall be advised of their right to file an ADA complaint with the U.S. Department of Justice, Civil Division, 950 Pennsylvania Avenue NW, Disability Rights Section 1425 NYAV, Washington DC 20530, or by calling 202-302-1197, by faxing 202-307-1197, or you can file an ADA complaint electronically at www.ada.gov.

SHELTON MUNICIPAL COURT

ADA COMPLAINT-GRIEVANCE FORM

COMPLAINANT NAME: _____

DESIGNEE NAME (If applicable): _____

Designee relationship to Complainant (if applicable): _____

CONTACT INFORMATION: Complainant: ____ Designee: ____ (Check one)

Address: _____

Phone: _____ Email: _____

DETAILED DESCRIPTION OF SPECIFIC COMPLAINT: Include all known details such as date, location, circumstance, persons involved, witness, etc.

(Use additional paper if necessary. Attach any other information which you believe is pertinent).

REMEDY REQUESTED: (Use additional paper if necessary)

Complainant or Designee Signature / Date _____

Send to: ADA Coordinator, Shelton Municipal Court
525 W. Cota Street
Shelton, WA 9854