



Thomas G. Ambrosino
City Manager

City of Chelsea
EXECUTIVE OFFICE
City Hall, 500 Broadway
Chelsea, Massachusetts 02150
tambrosino@chelseama.gov

Phone: (617) 466-4100
Fax: (617) 466-4210

Americans with Disabilities Act

The City of Chelsea does not discriminate on the basis of disability in its services, programs, or activities.

Employment: The City of Chelsea does not discriminate on the basis of disability in its hiring or employment practices and complies with the ADA title I employment regulations.

Effective Communication: The City of Chelsea will, upon request, provide auxiliary aids and services leading to effective communication for people with disabilities, including qualified sign language interpreters, assistive listening devices, documents in Braille, and other ways of making communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: The City of Chelsea will make reasonable modifications to policies and procedures to ensure that people with disabilities have an equal opportunity to enjoy programs, services, and activities. For example, people with service animals are welcomed in City of Chelsea offices, even where pets and other animals are prohibited.

Requests: To request an auxiliary aid or service for effective communication, or a modification of policies or procedures contact Fidel Maltez, ADA Coordinator (fmaltez@chelseama.gov or 617-466-4200) as soon as possible, preferably 14 days before the activity or event.

Complaints: Send complaints to Fidel Maltez, ADA Coordinator, (fmaltez@chelseama.gov or 617-466-4200).



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Americans with Disabilities Act Grievance Procedure

This grievance procedure is established to meet the requirements of the 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 by the City of Chelsea. The complaint should be submitted as soon as possible, preferably within 60 calendar days of the alleged violation to:

Fidel Maltez, ADA Coordinator
Chelsea City Hall
500 Broadway
Chelsea, MA 02150
fmaltez@chelseama.gov or 617-466-4200.

Please fill out form completely. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

Complainant: _____

Address: _____

City, State, and Zip Code: _____

Telephone Primary: _____

Telephone Secondary: _____

Person Allegedly Discriminated Against: (if other than the complainant)

Address: _____

City, State, and Zip Code: _____

Telephone Primary: _____

Telephone Secondary: _____



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Program, department, or organization which you believe has discriminated:

Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date of Alleged Discrimination: _____

Please describe the alleged acts of discrimination, providing the name(s) where possible of individuals involved in the incident: (Please use additional space if necessary)

Have efforts been made to resolve this complaint through the internal grievance procedure of the program, department, or organization?

Yes: _____ No: _____

If yes, what is the status of this grievance?



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Has this complaint been filed with any bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes: _____ No: _____

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Date Filed: _____

Do you require the City's response to this grievance be provided in an alternate format?

___ Yes ___ No. (If yes, please check preferred format):

___ Large Print ___ Audio-Cassette ___ Computer Disc ___ Braille

___ Other (please specify)

Procedure:

Within 15 calendar days after receipt of the complaint, Fidel Maltez will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Fidel Maltez will respond in writing, and where appropriate, in format that is accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of Chelsea and offer options for substantive resolution of the complaint.

If the response by Fidel Maltez does not satisfactorily resolve the issue, the complainant may appeal the decision within 15 calendar days after receipt of the response to the City Manager, or designee.



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Within 15 calendar days after receipt of the appeal the City Manager, or designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting the City Manager or designee will respond in writing, and, where appropriate, in a format that is accessible to the complainant, with a final resolution of the complaint.



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Procedimiento de quejas de la ley para proteger gente con discapacidades

Este procedimiento de quejas se establece para cumplir con los requisitos de la ADA. Este puede ser utilizado por cualquier persona que desee presentar una queja por discriminación basada en discapacidades en la prestación de servicios, actividades, programas o beneficios por parte de la Ciudad de Chelsea. La queja se debe presentar lo antes posible, preferiblemente dentro de los 60 días calendario presunto a la violación:

Fidel Maltez, Coordinador de ADA
Chelsea City Hall
500 Broadway
Chelsea, MA 02150
fmaltez@chelseama.gov or 617-466-4200

Por favor llene el formulario completamente. Los medios alternativos para presentar quejas, como entrevistas personales o una grabación de la queja, estarán disponibles para las personas con discapacidades que lo soliciten.

Persona con la Queja: _____
Dirección: _____
Ciudad, Estado Y Código Postal: _____
Teléfono primario: _____
Teléfono Secundario: _____

Persona presuntamente discriminada: (si no es el demandante)

Dirección: _____
Ciudad, Estado Y Código Postal: _____
Teléfono primario: _____
Teléfono Secundario: _____

Programa, departamento u organización que usted cree que ha discriminado:
Nombre: _____

Dirección: _____

Ciudad, Estado Y Código Postal: _____
Teléfono primario: _____



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Fecha de presunta discriminación: _____

Describa los supuestos actos de discriminación, proporcionando el nombre o los nombres de las personas involucradas en el incidente. (Utilice espacio adicional si es necesario)

¿Se han realizado esfuerzos para resolver esta queja a través del procedimiento interno de reclamos de el programa, departamento u organización?

Si o no?: _____

En caso afirmativo, ¿cuál es el estado de esta queja?

Se ha presentado esta queja ante alguna oficina del Departamento de Justicia o cualquier otra oficina federal, agencia estatal o local de derechos civiles o corte?

Si o no?: _____

Si su respuesta fue Si, llene lo siguiente:

Nombre de la Agencia o Corte: _____

Persona de Contacto _____

Dirección _____

Ciudad, Estado Y Código Postal: _____

Numero de Teléfono _____

Fecha archivado: _____



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¿Necesita que la respuesta de la ciudad a esta queja se proporcione en un formato alternativo?

Sí No. (Si es así, por favor verifique el formato preferido):

Letra grande Casete de audio Disco de computadora Braille

Otro (Por favor especifique). _____

Procedimiento:

Dentro de los 15 días calendario posterior a la recepción de la queja, Fidel Maltez se reunirá con el demandante para discutir la queja y las posibles resoluciones. Dentro de los 15 días calendario posteriores a la reunión, Fidel Maltez responderá por escrito y, cuando corresponda, en un formato accesible para el demandante, como letra grande, Braille o cinta de audio. La respuesta explicará la posición de la ciudad de Chelsea y ofrecerá opciones para la resolución sustantiva de la queja.

Si la respuesta de Fidel Maltez no resuelve satisfactoriamente el problema, el demandante puede apelar la decisión dentro de los 15 días calendario posterior a la recepción de la respuesta de administrador de la ciudad, o persona designada.

Dentro de los 15 días calendario posteriores a la recepción de la apelación, el administrador de la ciudad o la persona designada se reunirán con el demandante para analizar la queja y las posibles resoluciones. Dentro de los 15 días calendario posteriores a la reunión, el administrador de la ciudad o la persona designada responderán por escrito y, cuando corresponda, en un formato accesible para el demandante, con una resolución final de la queja.