



## **ADA Grievance Procedure**

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 by the Town of Farragut. The Town's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. 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.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

**Janet Curry, Human Resources Manager and ADA Coordinator**  
**11408 Municipal Center Dr.**  
**Farragut, TN 37934**  
**865.966.7057**  
[jcurry@townoffarragut.org](mailto:jcurry@townoffarragut.org)

Within 15 calendar days after receipt of the complaint, Janet Curry or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Ms. Curry or her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the Town of Farragut and offer options for substantive resolution of the complaint.

If the response by Ms. Curry or her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the Town Administrator or his designee.

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

All written complaints received by Janet Curry or her designee, appeals to the Town Administrator or his designee, and responses from these two offices will be retained by the Town of Farragut for at least three years.

## **Grievances, Complaints and Investigations**

The Town of Farragut treats ADA/ADAAA requests for accommodations and violation complaints very seriously. Appendix A provides a sample form for all correspondences regarding complaints filed against the town.

- All complaints, written or verbal, shall be accepted. In the event a complainant sets forth the allegations verbally, is unable to write, or refuses to reduce such allegations to writing, the person to whom the complaint is made should reduce the elements of the complaint to writing using the Appendix A form. The complainant must sign the written request/complaint.
- All requests/complaints shall be responded to, recorded, investigated, and maintained on file by the ADA Coordinator, or his/her designee.
- All requests/complaints shall be handled within 90 days of their receipt.

### **Guidelines for Processing Requests/Complaints:**

1. Maintain a log of all requests/complaints and appeals.
2. The ADA Coordinator will initiate the investigation by first contacting the complainant by telephone within fifteen (15) calendar days receiving the request/complaint.
  - a. The complainant will be informed that they have a right to have a witness or representative during the interview
  - b. Submit any documentation he/she perceives as relevant to proving his/her complaint
3. The ADA Coordinator will determine, based on relevancy or duplication of evidence, which witnesses will be contacted and questioned.
4. The ADA Coordinator will contact the complainant at the conclusion of the investigation, but prior to writing the final report and give the complainant an opportunity to give a rebuttal statement only at the end of the investigation process.

5. A citizen request for accommodations shall receive the results of the investigation in a final report. The final report will include the following:
  - a. the written complaint containing the accommodation needed, incident, deficiency in buildings, parks, etc., basis, and date of filing
  - b. summarized statements taken from witnesses (if appropriate & necessary)
  - c. finding the facts
  - d. opinion (based on all evidence in the record) that the issue or need is substantiated or unsubstantiated
  - e. remedial action(s) recommendations for substantiated cases
  
6. If the Town agrees to a remedy, accommodation, etc., it will be implemented in a timely manner.

# Appendix A

## TOWN of FARRAGUT ADA Discrimination Complaint Form

**Note:** We are asking for the following information to assist us in processing your complaint. If you need help in completing this form or have questions, please contact Janet Curry, ADA Coordinator, at 966-7057 or [jcurry@townoffarragut.org](mailto:jcurry@townoffarragut.org) or 11408 Municipal Center Dr., Farragut, TN.

1. Complainant's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Business Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

2. Person discriminated against (if someone other than the complainant)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Preferred Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Please identify phone number as home, work or cell number \_\_\_\_\_

Email address: \_\_\_\_\_

3. Please indicate the location, date, and description of the problem. What is the name and location of the institution or agency that you believe discriminated against you?

Date \_\_\_\_\_

Location Street Address \_\_\_\_\_

Location City, State, and Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Description of the problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Date**