

Appendix C

**THE CITY OF ONTARIO, OHIO
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 by the City of Ontario. The City of Ontario's Administrative Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing, using the attached ADA Grievance form (Appendix D), by email, or by other written means. The complaint shall 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:

**ADA Coordinator, Service Safety Director
555 Stumbo Road
Ontario, OH 44906
Phone: (419)529-2495**

Email: Servicesafetydirector@ontarioohio.org

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator or his/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 City of Ontario and offer options for substantive resolution of the complaint.

If the response by ADA Coordinator his/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 Mayor of Ontario at 555 Stumbo Road Ontario, Ohio 44906, telephone: 419-529-6333.

Within 15 calendar days after receipt of the appeal, the Mayor his/her designee will meet with the Complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Mayor or his/her 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 the ADA Coordinator or his/her designee, appeals to the Mayor or his/her designee, and responses from these two offices will be retained by the City of Ontario for at least three years.

**CITY OF ONTARIO
ADA GRIEVANCE FORM**

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date Noticed: _____

Location of Problem, Service, or Activity: _____

Description of Problem: _____

***Please attach additional pages if needed**

Signature: _____

Date: _____

Please return to: ADA Coordinator/Service-Safety Director, 555 Stumbo Road Ontario, Ohio 44906, or by fax 419-529-6132, or email servicesafetydirector@ontarioohio.org.

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats. Contact the ADA Coordinator/Service-Safety Director at the email address or street address listed above, or by calling 419-529-2495.