

City of Homestead

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 grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the **City of Homestead**. The **City of Homestead** Personnel Policy governs employment-related grievances of disability discrimination.

The grievance 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, 100 Civic Court, Homestead, FL 33030 at (305) 224-4472 or (305) 248-7299 (TTY)**.

The grievance should be in writing and contain the following information:

- **the name, address, and telephone number of the person filing the grievance;**
- **the name, address and telephone number of the person alleging the violation, if other than the person filing the grievance;**
- **a description of the alleged violation and the remedy sought;**
- **information regarding whether a complaint has been filed with the Department of Justice or other federal, state or local civil rights agency;**
- **if a complaint has been filed, the date the complaint was filed, and the name, address and telephone number of a contact person with the agency with which the complaint was filed.**

Alternative means of filing grievances, such as personal interviews or a tape recording of the grievance will be made available for persons with disabilities upon request.

Within 45 calendar days after receipt of the grievance, the **ADA Coordinator** or his/her designee will meet with the complainant to discuss the grievance and the possible resolutions. Within 30 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 Homestead** and offer options for substantive resolution of the grievance.

If the response by the **ADA Coordinator** or his/her designee does not satisfactorily resolve the issue, the grievant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the **City Manager** or his/her designee.

Within 45 calendar days after receipt of the appeal, the **City Manager** or his/her designee will meet with the grievant to discuss the grievance and possible resolutions. Within 30 calendar days after the meeting, the **City Manager** or his/her designee will respond in writing, and, where appropriate, in a format accessible to the grievant, with a final resolution of the grievance. The resolution of any one grievance does not constitute a precedent upon which the City may be bound or upon which any complaining parties may rely.

All written grievances received by the **ADA Coordinator** or his/her designee, appeals to the **City Manager** or his/her designee, and responses from these two offices will be retained by the **City of Homestead** for at least three years.

For More Information Contact: **ADA Coordinator, City of Homestead, (305) 224-4472 or (305) 248-7299 (TTY)**.