

GRIEVANCE PROCEDURE

ALL GRIEVANCES, DISABILITY DISCRIMINATIONS OR COMPLAINTS SHOULD BE DIRECTED TO THE ADA COORDINATOR.

THE ADA COORDINATOR WILL ADDRESS THE PROBLEM WITH WHICHEVER DEPARTMENT OR SUPERVISOR THAT IT CONCERNS, WITHIN A TIMELY MANNER.

TOGETHER, THEY WILL DETERMINE WHAT THE EXACT PROBLEM IS AND TRY TO DETERMINE HOW TO REMEDY THE COMPLAINT. AGAIN, THIS SHOULD BE DONE IN A PROMPT AND FAIR MANNER.

IF THE COMPLAINT IS BEYOND THEIR SCOPE OF EXPERTISE, THE COORDINATOR WILL DISCUSS THE COMPLAINT WITH SOMEONE OF HIGHER AUTHORITY. EXAMPLE; CITY ENGINEER, CITY ATTORNEY, OR THE MAYOR.

IN THE CITY OF HOBART, THE BOARD OF WORKS HAS THE ABSOLUTE AUTHORITY. ANY PERSON, INDIVIDUAL, COMPANY, ORGANIZATION, ETC. WOULD HAVE THE RIGHT AND ABILITY TO COMPLAIN TO THAT BOARD, IF THE COORDINATOR DOES NOT RESPOND IN WHAT THEY DETERMINE IS A REASONABLE TIME FRAME.

TO REACH THE BOARD OF WORKS, YOU WOULD HAVE TO GO THROUGH THE CITY OF HOBART CLERK'S OFFICE.

**Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Grievance or Request for Accommodation Form**

Reporting Individual: _____

Address: _____

City, State, Zip code: _____

Home Telephone: _____ Business/Cell Phone: _____

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This section to be completed only if the aggrieved person is not the individual completing this form.

Person(s) Affected by the Situation (if other than the reporting individual): _____

Address: _____

City, State, and Zip code: _____

Home Telephone: _____ Business/Cell Phone: _____

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Program/Facility Alleged to be Inaccessible/Barriers: _____

Address: _____

When did the situation occur? (date): _____

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation (use the space on the next page if necessary). _____

My disability is : Mental Characteristic: Physical Characteristic:
(check one as appropriate) _____

Describe the functional limitations caused by your disability for which you are requesting an accommodation. (Attach/e-mail medical documentation.)

Describe any accommodations that you believe would minimize or eliminate the barriers for your participation in the specific program, activity or service provided by the department.

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator? Yes _____ No _____

If yes, what were the results? _____

Additional space for answers/comments _____

Signature: _____ Date: _____

Send to:
City of Hobart
Mike Hannigan, ADA Compliance Coordinator
414 Main Street
Hobart, IN 46342
e-mail: mhannigan@cityofhobart.org
219-947-3407
219-406-1960

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