

RESOLUTION NO. 15-34

Commissioner Anderson moved, seconded by Commissioner Hogenson, the adoption of the following:

**RESOLUTION ADOPTING UPDATED
PUBLIC GRIEVANCE PROCEDURE FOR
PROGRAMS, SERVICES AND ACTIVITIES
UNDER THE AMERICANS WITH DISABILITIES ACT**

WHEREAS, the City adopted the Public Grievance Procedure for Programs, Services and Activities Under the Americans with Disability Act on December 2, 2013 by Resolution No. 13-140, and

WHEREAS, the Michigan Department of Transportation (MDOT) required that the policy include additional elements in order to keep the City compliant to receive Dial-A-Ride Federal and State funding, and

WHEREAS, MDOT has reviewed the revised policy, copy attached, and finds it to be satisfactory.

NOW, THEREFORE, BE IT RESOLVED, that the City Commission hereby adopts the attached ADA Policy pertaining to Public Grievance Procedure for Programs, Services and Activities Under the Americans with Disabilities Act, and hereby directs that it be incorporated into the City's Policy Book.

Yeas: Anderson, Hogenson, James, Rothstein, Warba

Nays: None

The Mayor declared the resolution adopted.

Dated: March 16, 2015

**CITY OF BIG RAPIDS
PUBLIC GRIEVANCE PROCEDURE
FOR PROGRAMS, SERVICES AND ACTIVITIES
UNDER THE AMERICANS WITH DISABILITIES ACT**

The following grievance procedure is established for the City to meet the requirements of the Americans with Disabilities Act. This grievance procedure should be used by any individual who wishes to file a complaint alleging discrimination on the basis of disability in the provision of programs, services, and activities by the City of Big Rapids.

The complaint should be in written form and contain as much information as possible about the alleged discrimination. Complaint forms are available at the Office of the City Clerk. Other arrangements for submission of a complaint such as a personal interview or tape recording will be made available for the visually impaired or those with motor impairments, upon request. The complaint shall be submitted within 30 calendar days of the alleged violation to the City's ADA Coordinator, 226 N. Michigan Avenue, Big Rapids, MI 49307, Phone No. 231-592-4020, office hours: 8:00 a.m. to 5:00 p.m. Complaint forms are available on the City's website and completed forms may be e-mailed to clerk@ci.big-rapids.mi.us.

Within 15 working days of receipt of the complaint, the ADA Coordinator will respond to the complainant in writing (or an alternative method understood by the complainant). The response will offer a resolution or explain the position of the City of Big Rapids with respect to the complaint.

If the response by the ADA Coordinator is not sufficient or does not satisfactorily resolve the issue, within 15 working days following the response the complainant may request that the complaint be forwarded to the City Manager for review. Within 15 working days of receipt of the complaint, the City Manager will respond to the complainant in writing (or an alternative method understood by the complainant).

If the response by the City Manager is not sufficient or does not satisfactorily resolve the issue, the complainant, within 15 working days, may request a hearing before the City Commission. The City Commission shall hear said complaint at one of its next two regularly scheduled meetings. Within 30 calendar days after the hearing, the complainant will receive the final resolution in writing (or an alternative method understood by the complainant) as proposed by the City Commission.

The City shall keep all complaints received on file for one year and will maintain a summary of ADA complains received for a five-year period.

**CITY OF BIG RAPIDS
PROCEDURAL FOR HANDLING COMPLAINTS
FOR PROGRAMS, SERVICES AND ACTIVITIES
UNDER THE AMERICANS WITH DISABILITIES ACT**

If you are a qualified individual with a disability under the American with Disabilities Act, and believe you have a complaint against the City of Big Rapids for violation of the Act in terms of its provision of programs, services and activities, the procedure listed below shall be followed:

COMPLAINANT: Submits to ADA Coordinator a complaint within 30 calendar days of alleged violation.

ADA COORDINATOR: Within 15 working days responds to complainant.

COMPLAINANT: If response is unsatisfactory, within 15 working days, requests review by the City Manager.

CITY MANAGER: Within 15 working days provides written response to Complainant.

COMPLAINANT: If response is unsatisfactory, within 15 working days, requests a hearing before the City Commission.

CITY COMMISSION: Hears the complaint at one of the next two regularly scheduled meetings. Within 30 calendar days after hearing, the City Commission responds to Complainant with final resolution.

**CITY OF BIG RAPIDS
REQUEST FOR REVIEW OF COMPLAINT
FOR PROGRAMS, SERVICES AND ACTIVITIES
UNDER THE AMERICANS WITH DISABILITIES ACT**

If you are a qualified individual with a disability under the Americans with Disabilities Act, and believe you have a complaint against the City of Big Rapids for violation of the Act in terms of its provision of programs, services and activities, please complete the following form. Your complaint will be addressed.

Date Submitted: _____

Name of Complainant: _____

Address: _____

Phone No.:(day time) _____

(night time) _____

(cell phone) _____

1. Describe the location at which the alleged discrimination exists:

2. Please describe in detail what you feel the alleged discrimination is:

3. Do you have a recommended solution to eliminate the discriminating practice in the provision of programs, services, and activities.

Signature of Complainant

This form shall be filed for response with the ADA Coordinator at the Office of the City Clerk, Attn: ADA Coordinator, 226 N. Michigan Avenue, Big Rapids MI, 49307, during normal working hours (8:00 a.m. to 5:00 p.m.) Monday through Friday, within 30 of the alleged violation. This form may also be emailed to clerk@ci.big-rapids.mi.us or faxed to 231-592-4059.

Procedure to File a Complaint under the Americans with Disabilities Act (ADA)

If you believe you, or another person has been discriminated against under Title II and III of the Americans with Disabilities Act of 1990 by the City of Big Rapids or one of our employees, you can file a complaint by mail, fax, or email at:

City Clerk/ADA Coordinator
City of Big Rapids
226 N. Michigan Avenue
Big Rapids, MI 49307
(231)-592-4059 Fax
Clerk@ci.big-rapids.mi.us Email

Before filing your complaint, you may contact the ADA Coordinator to discuss your concerns. The ADA Coordinator can look into the issue and try to come up with an acceptable resolution to the situation.

You can file a complaint by filing a written complaint with the ADA Coordinator as soon as possible, but no later than 30 calendar days after the alleged violation. The written complaint should be submitted by the grievant and/or designee. Alternative means of filing complaints, such as a personal interview or a tape recording, will be made available on request by people with disabilities. The written complaint should contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Within 15 calendar days after receiving the complaint, the ADA Coordinator will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator will respond in writing or by other appropriate accessible format. The response will explain the position of the City and offer options for substantive resolution of the complaint. If the response by the ADA Coordinator does not resolve the issue, the complainant and/or designee may appeal the decision to the City Manager within 15 calendar days after receiving the response.

All written documents in the process will be retained by the City for at least 1 year.

Alternative formats and language translations for this document