

Town of Truckee ADA Formal Grievance Procedure

Individuals who need a modification or accommodation to a program, service, or activity of the Town of Truckee may use the Town's Grievance Procedure, discussed below, to file a written Grievance Form with the Town's ADA Coordinator. In addition to requesting modifications or accommodations, individuals should use the same form to request the removal of a physical barrier. If your request is urgent and you need a response from the Town immediately, please indicate that in your request and we will do our best to respond as quickly as possible. If your request is not urgent, the Town will contact you to acknowledge receipt within ten business days after we receive your request. After reviewing the situation, if the Town needs time to provide the service or barrier removal that you request, the Town will notify you of what action the Town proposes and in what time frame.

Grievance Forms must be filed with Dan Wilkins, Public Works Director/Town Engineer at:

Town of Truckee, 10183 Truckee Airport Road, Truckee, CA 96161

or

dwilkins@townoftruckee.com

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. 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. The complaint must be in writing on the attached Grievance Form. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available upon request, for persons with disabilities which prevent presenting a written document.

Within 30 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 Town and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator, or his/her designee, does not satisfactorily resolve the issue, the complainant and/or his or her designee may appeal the decision to the Town Manager or his designee within 15 calendar days after receipt of the response. Within 30 calendar days after receipt of the appeal, the Town Manager or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Town Manager 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 Town Manager or his/her designee, and responses from these two offices will be retained by the Town for at least three years. If the grievance remedies contained in this policy are not followed, no action will be taken on the complaint, and failure to do so will result in a waiver by the complainant of certain legal rights.

There is a separate complaint procedure for ADA issues relating to employment issues. Please contact the Human Resources department for further information.

Town of Truckee – ADA Grievance Form
10183 Truckee Airport Road, Truckee, CA 96161; (530) 582-7700

Complainant's Name: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ Alternate Phone: _____

E-Mail Address: _____

Date of Violation: _____ Time of Violation: _____

Place of Violation: _____

Identify what program, activity, or service you were using at the time of the ADA violation.

Identify individuals by name, address and phone number that has information relating to the alleged violation.

Provide additional details that you feel are relevant. Use the back of this form if you need more space.

Signature of Complainant: _____ Date: _____