

Appendix F – Grievance Procedure

If users of parks, public buildings, and facilities believe the City has not provided reasonable accommodation, they have the right to file a grievance.

In accordance with 28 CFR 35.107 (b), the City has developed the following grievance procedure for the prompt and equitable resolution of citizen complaints, concerns, comments, and other grievances.

The City understands that members of the public may desire to contact staff and discuss ADA issues without filing a formal grievance. Members of the public wishing to contact the staff should contact the ADA Coordinator, listed in Appendix A, and are encouraged to do so. Contacting the ADA Coordinator to informally discuss ADA issues is welcome and does not limit the ability or right to file a formal grievance later. Upon receipt of a completed Grievance Form, the ADA Coordinator will review the information in a timely manner and contact the complainant in order to attempt to find a resolution to the complaint. If the complainant is not satisfied with the resolution proposed by the ADA Coordinator, then within 10 days, the complainant may make a written appeal to the City Administrator, who shall have final decision-making authority regarding the complaint.

Those wishing to file a formal written grievance with the City may do so by one of the following methods:

Internet

The ADA Grievance Form can be found on the City's website at www.ci.oshkosh.wi.us under the "Government" drop-down menu in the "ADA Compliance" section. Fill in the form online and click "submit." A copy of the ADA Grievance Form is included in this Appendix.

Telephone

Contact the ADA Coordinator listed in the Contact Information section of Appendix A to submit an oral grievance. The ADA Coordinator will utilize the Internet method above to submit the grievance on behalf of the person filing the grievance.

Paper Submittal

Contact the ADA Coordinator listed in the Contact Information section of Appendix A to request a paper copy of the City's grievance form, complete the form, and return it to the ADA Coordinator. The ADA Coordinator or City staff person will then utilize the Internet method above to submit the grievance on behalf of the person filing the grievance.

Public Notice

In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA) of 1990, the city of Oshkosh will not discriminate against qualified individuals with disabilities on the basis of disability in City services, programs, or activities.

Employment: The City does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the Americans with Disabilities Act (ADA).

Effective Communication: The City will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City's programs, services, and activities making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: The City will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all City programs, services, and activities.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a City program, service, or activity, should contact the ADA Coordinator as soon as possible, but no later than 48 hours before the scheduled event.

The ADA does not require the City to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

The City will not place a surcharge on an individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy.

ADA Grievance Form

Please fill out this form completely, in black ink or type. If you need any accommodation or assistance in completing this form, please contact the ADA Coordinator, John Fitzpatrick, at 920-236-5110. Sign and return to: City of Oshkosh City Hall -215 Church Avenue Oshkosh, WI 54903

Section I -Discrimination Description

Date of Alleged Discrimination (Month, Day, Year): _____

Have efforts been made to resolve this complaint? Yes No

If yes, what is the status of the grievance? _____

Has the complaint been filed with the Department of Justice or any other Federal, State or local civil rights agency or court? Yes No

If Yes:

Agency or Court: _____

Contact Name: _____ Contact Title: _____

Agency Name: _____ Phone: _____

Description of Grievance/Discrimination: _____

Section II - Complainant Information

Complainant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Preferred method of communication: Mail Email Phone

Section III – Completed by	
Are you filling this complaint out on your own behalf?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, complete Section III	
If No, please supply the name and relationship of the person for whom you are complaining:	
First and last name of person for whom you are filling:	_____
Relationship of the person for whom you are filling:	_____
Please explain why you have filed for a third party:	_____
Please confirm that you have obtained the permission of the aggrieved party, if you are filing on behalf of a third party. Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section IV – Previous
Have you previously filled an ADA complaint with this agency? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section VI – Remedy Sought
State the specific remedy sought to resolve the issues (s): _____ _____ _____

You may attach any written or other information that you think is relevant to your complaint.

Signature: _____ Date: _____

I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.
