

***AMERICANS WITH DISABILITIES ACT***  
***Town of Platteville - Grievance Procedure***

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 Town of Platteville (the "Town").

The grievance should be in writing, using the ADA Grievance Form, and contain information about the alleged discrimination, such as the name, address, and phone number of the Grievant and the location, date, and description of the problem. Alternative means for filing grievances, such as personal interviews or a recording of the grievance, will be made available by the Town upon request for persons with disabilities.

The grievance should be submitted by the Grievant, or his or her designee, as soon as possible, but no later than sixty (60) calendar days after the alleged violation. Grievances should be submitted to: ADA Coordinator, 400 Grand Avenue, Platteville, CO 80651, 970-785-2245.

Within fifteen (15) calendar days after receipt of the grievance, the ADA Coordinator, or his or her designee, will meet with the Grievant to discuss the grievance and possible resolutions. Within fifteen (15) calendar days of the meeting, the ADA Coordinator, or his or her designee, will respond to the grievance in writing, and where appropriate, in a format accessible to the Grievant, such as large print, Braille, or audio tape. The response will explain the position of the Town and offer options for resolution of the grievance.

If the response by the ADA Coordinator, or his or her designee, does not resolve the issue, the Grievant or his or her designee, may appeal the decision. Any appeal must be submitted to the Town Manager, or his or her designee, within fifteen (15) calendar days after the Grievant receives the response from the ADA Coordinator, or his or her designee.

Within fifteen (15) calendar days after receipt of the appeal, the Town Manager, or his or her designee, will meet with the Grievant to discuss the grievance and possible resolutions. Within fifteen (15) calendar days after the meeting, the Town Manager, or his or her designee, will respond in writing, and where appropriate, in a format accessible to the Grievant, with a final resolution of the grievance.

Human Resources for the Town will retain all written grievances and responses for a period of three (3) years.

**AMERICANS WITH DISABILITIES ACT  
TOWN OF PLATTEVILLE - GRIEVANCE FORM**

**Today's Date:** \_\_\_\_\_

**Name of Grievant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Telephone & E-mail:** \_\_\_\_\_

**Individual Discriminated Against:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Telephone & E-mail:** \_\_\_\_\_

**Description of Alleged Violation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested Action by Town to Correct Violation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has a Grievance or Complaint been Filed with a State or Federal Agency:** Yes      No

**Name and Location of Agency:** \_\_\_\_\_

**Date Filed:** \_\_\_\_\_

**Agency Contact Person:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Grievant**

**Note: Use additional sheets as necessary.**