

**CITY OF FAYETTEVILLE, NORTH CAROLINA
AMERICANS WITH DISABILITIES ACT (ADA) COMPLAINT FORM**

Date _____

CASE #

1	Name _____ Telephone Number _____ Address _____ City _____ State _____ Zip Code _____
---	---

2	<p>Please indicate in writing (verbally, if unable to communicate in writing) your concern or complaint and indicate the approximate time, date and location of the occurrence. (If additional space is needed, please attach extra sheets.)</p> <hr/> <hr/> <hr/> <hr/> <hr/>
---	--

3	<p>What do you think would resolve the problem or complaint?</p> <hr/> <hr/> <hr/> <hr/> <hr/>
---	--

4	<p>Privacy Act Statement: The Fayetteville-Cumberland County Human Relations Department is authorized to review and discuss any records that pertain to me. The respondent is authorized to receive a copy of my complaint.</p> <p>I swear or affirm that I have read the above information and that it is true to the best of my knowledge, information and belief.</p>
---	--

Signature of Complainant _____

Intake Officers Summary & Recommendation

5	<p>To: ADA Coordinator</p> <p>From: ADA Department Representative _____ Date _____</p> <p>Other Staff Contact _____ Date _____</p> <p>Summary of Interview:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Recommendations:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
6	<p>Recommendation is Approved _____ Recommendation is Disapproved _____</p> <p>Assigned To: _____ for appropriate action.</p> <p>Date Assigned: _____</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
7	<p>Date Case Completed: _____</p> <p>Investigator: _____ Reviewer: _____</p>

ADA Complaint Procedure

Complaint Procedure

This Grievance Procedure is established to meet the requirement of the Americans with Disabilities Act (ADA).

Who May File: An individual who has attempted to access one of the City's services, activities, or programs, and who believes that he or she has been subjected to discrimination on the basis of a disability, may, by himself, herself, or by an authorized representative, use this Grievance Procedure to file a complaint.

Step 1 - The Written Complaint

The complaint should be in writing and contain information about the alleged discrimination such as name, address, and phone number of the complainant and location, date, and description of the problem. Alternate means of filing complaints will be made available for persons with disabilities upon request.

The complaint should be submitted by the complainant as soon as possible, but no later than 60 calendar days after the alleged violation, to:

Ronald McElrath

ADA Title II Compliance Coordinator

City Hall

Fayetteville, NC 28301

Phone (910) 433-1696

Phone (910) 433-1605

TTY 711

Fax (910) 433-1535

rmcelrath@ci.fay.nc.us

8:30 am - 4:30pm Monday through Friday

Step 2 - Meeting with the ADA Coordinator

Within 15 calendar days of the written complaint, the ADA Coordinator will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the ADA Coordinator will respond in writing or in a format accessible to the complainant. The response will explain the position of the Fayetteville City Hall and offer options for resolution of the complaint.

Step 3 - Appeal to the City Manager

If the response by the ADA Coordinator does not satisfactorily resolve the issue, the complainant may appeal the decision of the ADA Coordinator within 15 calendar days after receipt of the response, to the City Manager or an appointed representative. Within 15 calendar days after receipt of the appeal, the City Manager or an appointed representative will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Manager or appointed representative will respond in writing or in a format accessible to the complainant after a final resolution of the complaint.

All written complaints received by the ADA Coordinator, appeals to the City Manager, and responses from the ADA Coordinator and City Manager, will be kept by the City for at least three years.