

CITY OF HOUSTON NOTICE OF AMERICANS WITH DISABILITIES ACT (ADA) TITLE II GRIEVANCE PROCEDURE

The City of Houston (City) has an internal grievance procedure providing for prompt and equitable resolution of complaints of anyone who wishes to file a **non-employment grievance**, pursuant to Title II of the Americans With Disabilities Act (ADA), alleging discrimination on the basis of disability in practices and policies, or the provisions of services, activities, programs or benefits offered by the City of Houston.

All **non-employment grievances** should be sent to the **Citywide ADA Coordinator**, Matt Russell, 611 Walker, 4th floor, Houston, Texas 77002; 832 393-6178 (voice); 7-1-1 (TTY); and 832 393-7202 (fax). The Citywide ADA Coordinator is the person who has been designated by the City to coordinate its ADA compliance procedures. If you have an **employment grievance**, you may forward your concern or complaint to the **Office of the Inspector General**, (900 Bagby, 4th floor, Houston, Texas 77002; 832 393-6509), which has been designated by Executive Order 1-39 to address employment complaints of discrimination on the basis of disability.

1. A grievance may be filed orally or in writing with the Citywide ADA Coordinator. An ADA grievance form is available upon request. An oral grievance will be reduced to writing and will be provided to the grievant for signature. The grievance shall identify the full name of the person filing the grievance, the grievant's address, telephone number, and a brief description of the alleged violation.
2. A grievant is encouraged to file his/her written grievance as soon as practical with the Citywide ADA Coordinator. A grievant should file a written grievance within five (5) days of the filing of the oral grievance. The grievant shall submit all evidence at the time the grievance is filed that is readily and reasonably available to support his/her concern.
3. An investigation, as may be appropriate, will follow the filing of a grievance. The investigation shall be conducted by the affected City Department, by the Citywide ADA Coordinator's office, or by the Office of Inspector General (OIG).
4. A grievant shall receive written acknowledgement of the grievance from the Citywide ADA Coordinator and final notice of the grievance's resolution.
5. If a grievant is dissatisfied with the resolution of his/her grievance, he/she may request reconsideration of the grievance. The request for reconsideration should be submitted within seven (7) calendar days of the original determination. Request for reconsideration must also be filed with the Citywide ADA Coordinator.
6. **This grievance procedure does not invalidate or limit the remedies, rights or procedures of any other applicable federal or state law.**

THIS NOTICE IS AVAILABLE FROM THE ADA COORDINATOR IN ALTERNATE FORMATS UPON REQUEST.

AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE FORM

Please type or print in black or blue ink all information and return completed form to:

611 Walker, 4th Floor
Houston, Texas 77002

Attention: Citywide ADA Coordinator

832 393-6178 (voice); 7-1-1 (TTY); 832 393-7202 (fax)

Date _____

Name of Grievant _____

Grievant's Address _____

Telephone Number _____

Fax _____ E-mail _____

Alternate Contact Person

Name _____

Address _____

Telephone Number _____

DISABILITY STATEMENT

My disability is

Is there an associated physical or mental impairment related to the complaint?

___yes ___no If yes, please describe the impairment: _____

What is the duration of your impairment?

Describe how the impairment affects your daily life activities: _____

DESCRIPTION OF GRIEVANCE

This grievance relates to a City of Houston service _____, activity _____, program _____, benefit _____, practice _____, or policy _____.

Provide the date(s) the incident occurred. _____

Which City of Houston department, if any, is alleged by you to have discriminated?

City Department _____

Address _____

Telephone _____

Identify the names of all City of Houston agents, representatives or employees, if any, whom you contend were involved. (Use additional paper if necessary.)

Give a brief description of the incident made the basis of your grievance. Include in your response the identity of the service, activity, program, or benefit, you contend your access has been denied or any other manner you contend you have been subjected to discrimination. Please also provide in your description specific dates, times and places, as well as the names, addresses and telephone numbers of any and all persons who may have witnessed or been involved in the act or basis of your complaint. (Use additional paper if necessary.)

Signature of Grievant/Agent

Printed name of Grievant or Agent

Date _____

THIS FORM IS AVAILABLE IN ALTERNATE FORMAT FROM THE CITYWIDE ADA COORDINATOR. CALL 832 393-6178 (voice); 7-1-1 (TTY).