

CITY OF HOUSTON

NOTICE OF SECTION 504 AND AMERICANS WITH DISABILITIES ACT (ADA) TITLE II GRIEVANCE PROCEDURE

Pursuant to Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, the City of Houston (City) has an internal grievance procedure providing for prompt and equitable resolution of complaints for anyone who wishes to file a **non-employment grievance** 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** must be filed with the **Citywide ADA Coordinator**, Marshall Watson, 611 Walker, 4th floor, Houston, Texas 77002; 832 393-6178 (voice); 7-1-1 (TTY); 832 393-7205 (fax); ADACoordinator@houstontx.gov (email). The Citywide ADA Coordinator is the person who has been designated by the City to coordinate its ADA and Section 504 compliance procedures. If you have an **employment grievance**, you may forward your concern or complaint to the **Office of 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 or you may file a complaint with the **Civil Rights Division of the Texas Workforce Commission** and/or **Equal Employment Opportunity Commission**.

1. A grievance may be filed orally or in writing with the Citywide ADA Coordinator. Grievance forms are 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. Grievants are encouraged to file their 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 their 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 their grievance, they may request reconsideration of the grievance. The request for reconsideration should be submitted in writing within (7) calendar days of the original determination to 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 ACCESSIBLE FORMATS UPON REQUEST.

**SECTION 504 AND 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: Marshall Watson, Citywide ADA Coordinator

**832-393-6178 (voice); 7-1-1 (TTY); 832-393-7205 (fax);
ADACoordinator@houstontx.gov (email)**

Date: _____

Name of Grievant: _____

Grievant's Address: _____

Telephone Number: _____ Fax: _____ E-mail: _____

DISABILITY STATEMENT

I affirm that; 1.) I am a person with a disability); and (2.) This grievance relates to a City of Houston service, activity, program, benefit, practice, or policy.

DESCRIPTION OF GRIEVANCE

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.)

**THIS FORM IS AVAILABLE IN ALTERNATE FORMAT FROM THE CITY ADA
COORDINATOR. CALL 832.939.6178 (VOICE); 7-1-1 (TTY).**