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, Marshall,
Watson 611 Walker, 4th floor, Houston, Texas 77002; 832 393-6178 (voice); 7-1-1 (TTY); 832
393-7205 (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.

9/17/2018
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); 832 393-7205 (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.)

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

9/17/2018
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 ________________________

9/17/2018
THIS FORM IS AVAILABLE IN ALTERNATE FORMAT FROM THE CITYWIDE ADA COORDINATOR. CALL 832 393-6178 (voice); 7-1-1 (TTY).