

Americans With Disabilities Act (ADA) Transition Plan for the Public Right-of-Way



**Snoqualmie, WA
October 2023**

Appendix D ADA Grievance Procedure Grievance and Appeal Forms Grievance Record

Prepared by





City of Snoqualmie

Grievance Procedure under The Americans with Disabilities Act

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 complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Snoqualmie. The City of Snoqualmie's Personnel Policy governs employment-related complaints of disability discrimination.

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

The complaint should be submitted by the grievant and/or their designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Jeff Hamlin, ADA/504 Coordinator
(425) 831-4919 ext. 3006
TTY: 7-1-1 or 1-800-833-6388
Email: JHamlin@snoqualmiewa.gov

Within 15 calendar days after receipt of the complaint, the ADA/504 Coordinator or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA/504 Coordinator or their designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio recording. The response will explain the position of the City of Snoqualmie and offer options for substantive resolution of the complaint.

If the response by the ADA/504 Coordinator or their designee does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within 15 calendar days after receipt of the response to the City Administrator or their designee.

Within 15 calendar days after receipt of the appeal, the City Administrator or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Administrator or their designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA/504 Coordinator or their designee, appeals to the City Administrator or their designee, and responses from these two offices will be retained by the City of Snoqualmie for at least three years.



City of Snoqualmie - ADA Grievance Form

Complainant Name:

Designee Preparing Grievance (if different from Complainant):

Designee's Relationship to Complainant:

Street Address & Apt. No.:

City:

State:

Zip:

Phone: ()

E-mail:

Preferred contact method to discuss grievance:

Please provide a complete description of the specific grievance:

Please specify any location(s) related to the grievance (if applicable):

Please state what you think should be done to resolve the grievance:

Please attach additional pages as needed.

☐

Please do not contact me personally.

Signature: _____ Date: _____

Return to: City of Snoqualmie, Jeff Hamlin, ADA/504 Coordinator, P.O. Box 987, Snoqualmie, WA 98065
or email to JHamlin@snoqualmiewa.gov.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Jeff Hamlin, ADA/504 Coordinator at the address listed above, by e-mail to JHamlin@snoqualmiewa.gov, by telephone at 425-831-4919 ext. 3006, or 7-1-1 (Washington Telecommunication Relay Service).



City of Snoqualmie - ADA Grievance Appeal Form

Complainant Name: _____

Designee Preparing Grievance (if different from Complainant): _____

Designee's Relationship to Complainant: _____

Street Address & Apt. No.: _____

City: _____

State: _____

Zip: _____

Phone: () _____

E-mail: _____

Preferred contact method to discuss grievance: _____

PLEASE PROVIDE A DETAILED EXPLANATION OF WHY YOU BELIEVE THE RESPONSE FROM THE CITY'S ADA COORDINATOR DID NOT SATISFACTORILY RESOLVE YOUR GRIEVANCE (Please attach a complete copy of your initial grievance and the response resolution letter from the City's ADA Coordinator):

APPEAL REMEDY REQUESTED:

Please attach additional pages as needed.

Signature: _____ Date: _____

Return to: City of Snoqualmie, Jeff Hamlin, ADA/504 Coordinator, P.O. Box 987, Snoqualmie, WA 98065
or email to JHamlin@snoqualmiewa.gov.

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ADA GRIEVANCE/COMPLAINT RECORD

All written complaints received by the ADA Coordinator or designee, appeals to the City Administrator, and responses from these two offices will be retained by the City for at least three years.

| GRIEVANCE PROCEDURE RESPONSE TIMELINE | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date of ADA/504 Coordinator's First Meeting with Complainant | | Must be within 15 calendar days of Date City receives Complainant's Grievance. | | | | | | | | | | | | | |

| Record No. | Date City Receives Grievance | COMPLAINANT CONTACT INFORMATION | | | ALLEGED VIOLATION DETAILS | | | GRIEVANCE RESPONSE RECORD | | | | | | | |
|------------|------------------------------|---------------------------------|---------------|--------------|---------------------------|----------|-------------|--|----------------------------------|-------------------------|------------------------|------------------------------------|----------------------|--------------------------|-------------------------------|
| | | Name | Email Address | Phone Number | Date | Location | Description | Name - ADA Coordinator or Designee Responder | Date - First Complainant Meeting | Date - First Resolution | Resolution Description | Date - Complainant Appeal Received | Date -Appeal Meeting | Date - Appeal Resolution | Appeal Resolution Description |