



CITY OF NEWPORT



ADA GRIEVANCES PROCEDURE

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 Newport. The City'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.

Within 15 calendar days after receipt of the complaint, Gary Carver or his designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Mr. Carver or his designee will respond in writing, and when appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of Newport and offer options for substantive resolution of the complaint.

If the response by Mr. Carver or his designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the City Administrator or his designee.

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

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

Grievances, Complaints and Investigations

The City of Newport treats ADA requests for accommodations and violation complaints very seriously. Appendix A provides a sample form for all correspondences regarding complaints filed against the city.

- All complaints, written or verbal, shall be accepted. In the event a complainant sets forth the allegations verbally, is unable to write, or refuses to reduce such allegations to writing, the person to whom the complaint is made should reduce the elements of the complaint to writing using the Appendix A form. The complainant must sign the written request/complaint.
- All requests/complaints shall be responded to, recorded, investigated, and maintained on file by the ADA Coordinator, or his/her designee.
- All requests/complaints shall be handled within 90 days of their receipt.

Guidelines for Processing Requests/Complaints:

1. Maintain a log of all requests/complaints and appeals.
2. The ADA Coordinator will initiate the investigation by first contacting the complainant by telephone within fifteen (15) calendar days receiving the request/complaint.
 - a. The complainant will be informed that they have a right to have a witness or representative during the interview
 - b. Submit any documentation he/she perceives as relevant to proving his/her complaint
3. The ADA Coordinator will determine, based on relevancy or duplication of evidence, which witnesses will be contacted and questioned.
4. The ADA Coordinator will contact the complainant at the conclusion of the investigation, but prior to writing the final report and give the complainant an opportunity to give a rebuttal statement only at the end of the investigation process.
5. A citizen request for accommodations shall receive the results of the investigation in a final report. The final report will include the following:
 - a. the written complaint containing the accommodation needed, incident, deficiency in buildings, parks, etc., basis, and date of filing
 - b. summarized statements taken from witnesses (if appropriate & necessary)
 - c. finding of facts
 - d. opinion (based on all evidence in the record) that the issue or need is substantiated or unsubstantiated
 - e. remedial action(s) recommendations for substantiated cases
6. If the City agrees to a remedy, accommodation, etc., it will be implemented in a timely manner.

Appendix A

AMERICANS WITH DISABILITIES ACT (TITLE I) COMPLAINT FORM

The City of Newport ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities including all employment practices. To request an accommodation and/or an alternate format, please contact Gary Carver, Community Development Director and ADA/Title VI/ Risk Management Coordinator at 423.623.7323, or Tennessee Relay Services by dialing 7-1-1.

Date of Filing: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Work Phone: _____

Home Phone: _____

Email Address: _____

Date of Alleged Incident: _____

Indicate below the person(s) who you believe discriminated against you:

Name(s): _____

Work Location: _____

Work Phone: _____

Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

Please provide a suggested detailed plan or remedy for this complaint. Attach additional pages as necessary.

Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

Yes

No

If so, please provide the following information:

Agency Name: _____

Address: _____

Name of Investigator: _____

Phone Number: _____

Email Address: _____

Date Filed: _____

Status of Complaint: _____

Please attach and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to:

Gary Carver
300 E Main St
Newport, TN 37821
Office: 423.623.7323
Carver@newporttn.org

Signature

Date

Received

Date

APPENDIX B
AMERICANS WITH DISABILITIES ACT (TITLE II) COMPLAINT FORM

The City of Newport ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities including all employment practices. To request an accommodation and/or an alternate format, please contact Gary Carver, Community Development Director and ADA/Title VI/ Risk Management Coordinator at 423.623.7323, or Tennessee Relay Services by dialing 7-1-1.

Date of Filing: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Work Phone: _____
Home Phone: _____
Email Address: _____
Date of Alleged Incident: _____

Indicate below the person(s) who you believe discriminated against you:

Name(s): _____
Work Location: _____
Work Phone: _____

Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attached additional pages as necessary.

Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

Yes

No

If so, please provide the following information:

Agency Name: _____

Address: _____

Name of Investigator: _____

Phone Number: _____

Email Address: _____

Date Filed: _____

Status of Complaint: _____

Please attached and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to:

Gary Carver
300 E Main St
Newport, TN 37821
Office: 423.623.7323
Carver@newporttn.org

Signature

Date

Received

Date