

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 Town of Winslow/**Pike/Winslow**. The Town of Winslow/**Pike/Winslow**'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 complaint, such as personal interviews or a tape recording of the complaint will be made available for person with disabilities upon request.

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

Stacy Worthington
CLERK-TREASURER
301 N MAIN ST/PO BOX 69
WINSLOW, IN, 47598

Within 15 calendar days after receipt of the complaint, Stacy Worthington or **his/her** designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Stacy Worthington or **his/her** designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the Town of Winslow/**Pike/Winslow** and offer options for substantive resolution of the complaint.

If the response by Stacy Worthington or **his/her** 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 Council or **his/her** designee.

Within 15 calendar days after receipt of the appeal, the Council or **his/her** designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Mayor or **his/her** designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaint received by Stacy Worthington or **his/her** designee. Appeals to the Council or **his/her** designee, and responses from these two offices will be retained by the Town of Winslow/**Pike/Winslow** for at least three years.

Appendix A: Complaint / Grievance Form

Grievant Information:

Grievant Name:			
Address:	City:	State:	Zip Code:
Phone: () -	E-Mail:		
Alternative Phone: () -			

Person Preparing Complaint Relationship to Grievant (if different from Grievant):

Name:			
Address:	City:	State:	Zip Code:
Phone: () -	E-Mail:		
Alternative Phone: () -			

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

Please provide a complete description of the specific complaint or grievance:

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

Please attach additional pages as needed.

Signature: _____

Date: _____

TOWN OF WINSLOW

P.O. Box 69

301 Main St

Winslow, IN 47598

Please return to: ADA Coordinator, Stacy Worthington

812-789-2207 FAX 812-789-2261

Upon request, reasonable accommodation will be provided in completing this Form or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above