



## **ADA Grievance 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 Town of Farragut. The Town'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 his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

**Janet Curry, Human Resources Manager and ADA Coordinator**  
**11408 Municipal Center Dr.**  
**Farragut, TN 37934**  
**865.966.7057**  
**[jcwcurry@townoffarragut.org](mailto:jcwcurry@townoffarragut.org)**

Within 15 calendar days after receipt of the complaint, Janet Curry or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Ms. Curry or 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 Farragut and offer options for substantive resolution of the complaint.

If the response by Ms. Curry or 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 Town Administrator or his designee.

Within 15 calendar days after receipt of the appeal, the Town Administrator or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Town Administrator or his 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 Janet Curry or her designee, appeals to the Town Administrator or his designee, and responses from these two offices will be retained by the Town of Farragut for at least three years.

### **Grievances, Complaints and Investigations**

The Town of Farragut treats ADA/ADAAA requests for accommodations and violation complaints very seriously. Appendix A provides a sample form for all correspondences regarding complaints filed against the town.

- 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 the 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 Town 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 Town of Farragut 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 Janet Curry, Human Resources Manager and ADA/504 Coordinator at 865-966-7057, 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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:

Janet Curry, Human Resources Manager and  
ADA/504 Coordinator  
11408 Municipal Center Drive  
Farragut, TN 37934  
Office: 865-966-7057  
TTY: 1-800-877-8339  
[jcurry@townoffarragut.org](mailto:jcurry@townoffarragut.org)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



