



AMERICANS WITH DISABILITIES ACT DISCRIMINATION GRIEVANCE FORM

This ADA Discrimination Grievance Form has been created to meet the requirements of the Americans with Disabilities Act of 1990. 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 Chanhassen. See reverse of form to view the complete Grievance Procedure under the Americans with Disabilities Act (ADA).

YOUR INFORMATION:

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Preferred Contract Method: Phone Alternate Phone Email

DESCRIPTION OF GRIEVANCE:

GRIEVANCE LOCATION:

Facility Name (if applicable): _____

Street Address: _____

City/State/Zip: _____

If no address, provide nearest intersection and location description:

Attach photographs and supporting documentation, if any.

Complete and return grievance form to:

City of Chanhassen
7700 Market Boulevard
P.O. Box 147 (use if mailing form)
Chanhassen, MN 55317
952-227-1100
952-227-1110 (fax)

City of Chanhassen
Grievance Procedure under the Americans with Disabilities Act (ADA)

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990. 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 Chanhassen. The City of Chanhassen'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 sixty (60) calendar days after the alleged violation to:

ADA Coordinator
Chanhassen City Hall
7700 Market Boulevard
P.O. Box 147
Chanhassen, MN 55317

Phone: (952) 227-1169
Fax: (952) 227-1170
Email: chowley@chanhassenmn.gov

Within fifteen (15) calendar days after receipt of the complaint and if deemed warranted, the ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within fifteen (15) calendar days of the meeting or thirty (30) calendar days from the initial complaint, the ADA Coordinator or his/her designee will respond in writing to the complainant. The response will explain the position of the City of Chanhassen and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or his designee does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to the City Manager or his/her designee.

City Manager
Chanhassen City Hall
7700 Market Boulevard
P.O. Box 147
Chanhassen, MN 55317

Phone: (952) 227-1119
Fax: (952) 227-1110
Email: lhokkanen@cchanhassenmn.gov

Within fifteen (15) calendar days after receipt of the appeal, the City Manager or his/her designee may meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, or within thirty (30) days from the appeal, the City Manager or his/her designee will respond in writing with a final resolution of the complaint.

All written complaints received by the ADA Coordinator or his/her designee, appeals to the City Manager or his/her designee, and responses from these two officials will be retained by the City for at least seven (7) years.