

# **CITY OF LACONIA, NH GRIEVANCE PROCEDURE UNDER THE AMERICAN'S WITH DISABILITIES ACT**

The Grievance Procedure is established to meet the requirements of Title II of the American's with Disabilities Act of 1990 (ADA). Any person may follow this procedure to file a complaint alleging discrimination that the City of Laconia discriminates on the basis of disability in providing services, meetings, programs or activities of the City of Laconia under Title II of the ADA.

## **1. Complaint Procedure**

- (a) Prepare a written complaint by mailing a letter or completing the attached Grievance Form.
  - (1) The Complaint must include the following:
    - (A) Your name, address and telephone number.
    - (B) Information about the alleged discrimination including location(s), date(s) and brief description of the alleged incident.
- (b) Alternative means of filling complaints (personal interviews or tape recordings) are available to persons with disabilities upon request.
- (c) Submit your complaint no later than ninety (90) days after the alleged discrimination by mailing or delivering to: City of Laconia, ADA Coordinator, Department of Public Works, 27 Bisson Ave, Laconia NH 03246

## **2. Review Procedure**

- (a) An investigation, as may be appropriate, will follow the filing of the complaint. The investigation shall be conducted as directed by the ADA Coordinator.
- (b) A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the ADA Coordinator. Unless additional time is necessary, a copy shall be forwarded to the complainant no later than thirty (30) days.

## **3. Appeal Procedure**

If you are not satisfied with the ADA Coordinator's response, you may appeal the decision to the City Manager within fifteen (15) calendar days after receipt of the resolution by mailing or delivering to: City Manager, 45 Beacon Street East, Laconia, NH 03246.

## **4. Your File – Records Retention**

The City of Laconia will retain your file for a minimum of three (3) years.

## CITY OF LACONIA, NH GRIEVANCE FORM UNDER THE AMERICAN'S WITH DISABILITIES ACT

Any person may use this form to file a complaint alleging discrimination on the basis of disability in services, meetings, programs or activities of the City of Laconia under Title II of the ADA. Alternative means of filing complaints – personal interviews or tape recordings – are available upon request to persons with disabilities. Complaints are kept on file for a minimum of three (3) years.

**Filing date:** \_\_\_\_\_ **Date of Alleged Incident:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

What City department, agency, service, meeting, program or activity was involved in the alleged discrimination?

---

---

Describe the alleged act of discrimination (you may attach additional paper):

---

---

---

---

---

---

You or your designee should submit this form (or alternative filing method) as soon as possible to the following, but no later than ninety (90) days after the alleged incident.

ADA Coordinator  
Department of Public Works  
27 Bisson Ave  
Laconia, NH 03246