



City of Manitou Springs

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 City of Manitou Springs. The City's Personnel Policies and Procedures govern 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. A *Complaint/Grievance Form* can be obtained from the City of Manitou Springs ADA Coordinator (see below) or downloaded from the City of Manitou Springs website, www.manitouspringsgov.com/i-want-to/grievance. 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:

Donna Kast
City of Manitou Spring Title II, ADA Coordinator
606 Manitou Avenue
Manitou Springs, CO 80829
(719) 685-2554
dkast@comsgov.com

Within 15 calendar days after receipt of the complaint, the ADA Coordinator and/or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting, the ADA Coordinator and/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 City of Manitou Springs and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator and/or her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 30 calendar day after receipt of the response to the City Administrator or his/her designee.

Within 15 calendar days after receipt of the appeal, the City Administrator or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 30 calendar day after the meeting, the City Administrator 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 complaints received by the ADA Coordinator or her designee, appeals to the City Administrator or his/her designee, and responses from these two offices will be retained by the City of Manitou Springs for at least three years.



City of Manitou Springs

Complaint / Grievance Form
(Under The Americans with Disabilities Act)

Name of Grievant: _____

Person Preparing Complaint (if different from Grievant): _____

Relationship of Preparer to Grievant (if applicable): _____

Address of Grievant: _____ Email: _____

Nature of Grievance:

Please provide a complete description of the specific complaint or grievance, including any incident, barrier, or perceived denial of benefit of any service, program or activity:

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

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

Please attach additional pages as needed.

Signature _____ Date: _____

Please return this form in hard copy or email to:

City of Manitou Springs ADA Coordinator

606 Manitou Avenue

Manitou Springs, CO 80829

(719) 685-2554

dkast@comsgov.com

Upon request, copies of this form will be provided in alternative formats. Please contact the ADA Coordinator listed above.