

**CITY OF STAUNTON
COMPLAINT PROCEDURE
UNDER THE AMERICAN WITH DISABILITIES
ACT**

The City of Staunton administration has established the following complaint procedure providing an opportunity for prompt resolution of complaints alleging violation of the American with Disabilities Act (ADA). This procedure may be used by anyone who wishes to file a complaint alleging discrimination based upon disability in the City's provision of services, activities, programs, or benefits. The City's Personnel Policies cover employment-related complaints of discrimination, so those policies should be considered as to employment matters. The City also is glad to address complaints informally with just a contact in person or by telephone.

Address ADA-related complaints related to the City's provision of services, activities, programs, or benefits to:

John W. Glover
ADA Coordinator
116 W. Beverley Street
Staunton, VA 24401
(540) 332-3862 (telephone)
(540) 332-3807 (fax)

1. A formal complaint should be filed in writing, and contain the name, address, telephone number(s), and, if possible, email address of the person filing it (i.e., the complainant), a brief description of the alleged violation, including when and where it occurred, and any request for reasonable accommodation required by the complainant for the duration of the complaint process (e.g., correspondence in alternate formats, sign language interpreters). For persons with disabilities, assistance in completing the complaint is available. Call (540) 332-3862 on any City workday between the hours of 8:00 a.m. and 5:00 p.m. or email GloverJW@ci.staunton.va.us. (A copy of a complaint form has been attached for use.)
2. A complaint should be filed as soon as possible, but preferably no later than 60 days after the complainant becomes aware of the alleged violation.
3. Upon receipt, the ADA Coordinator will provide the complainant, if so requested, with a complaint procedure in a special format accessible to the complainant.
4. The ADA Coordinator will contact and/or meet with the complainant within approximately 15 calendar days of receipt of the complaint to discuss the complaint and conduct whatever additional review/investigation of the complaint is necessary.

5. The ADA Coordinator will respond to the complaint in writing, or when appropriate, in a special format accessible to the complainant, within approximately 15 calendar days of meeting with the complainant. This response will explain the initial response and options to resolve the complaint, when appropriate.
6. If the complainant objects to the initial response, then appeal may be made to the ADA Coordinator, within 15 calendar days after receiving the response, identifying the specific appeal objections. The ADA Coordinator's response becomes the City's final determination respecting the complaint if the complainant does not so appeal.
7. Within approximately 15 calendar days of receiving an appeal, the ADA Coordinator and/or City Manager or designee will contact and/or meet with the complainant to discuss the complainant's objections to the ADA Coordinator's initial response. If determined to be necessary, an additional or supplemental review/investigation may be conducted.
8. Within approximately 15 calendar days after meeting with the complainant, the ADA Coordinator and/or City Manager or designee will respond to the appeal in writing, or when appropriate in a format accessible to the complainant. This response will address each of the special complainant's appeal objections to the ADA Coordinator's initial response. This response is the City's final determination respecting the complaint.
9. The ADA Coordinator will retain all documents relating to a complaint for three years after the date of the City's final determination respecting the complaint.
10. Use of this complaint resolution procedure is not a prerequisite to the pursuit of other legal remedies. For example, a complainant, therefore, has the right to file a complaint with the appropriate federal or state agency, including the U.S. Department of Justice, at any time throughout this process, or if the City's final determination is not to his or her satisfaction.

For information about the ADA and how to file a complaint, contact the U.S. Department of Justice, 950 Pennsylvania Avenue, N.W., Civil Rights Division, Disability Rights Section 1425 NYAV, Washington, D.C. 20530, (202) 307-1197 (fax), (800) 514-0301 (voice), (800) 514-0383 (TTY), or go to the Internet site for the U.S. Department of Justice's Civil Rights Division: <https://www.justice.gov/crt/how-file-complaint>.

For additional information about this complaint procedure and the ADA generally, please call (540) 332-3862 on any City workday between the hours of 8:00 a.m. and 5:00 p.m. or email GloverJW@ci.staunton.va.us. This complaint procedure can be provided in an alternative format upon request.

**COMPLAINT FORM
UNDER THE AMERICAN WITH DISABILITIES ACT**

1. Enter information about yourself.

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Best time to Call You: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

E-mail Address: _____

Who else may we contact if we cannot reach you?

Contact's Name: _____ Contact's Phone: _____

Relationship to You: _____

2. Who allegedly was discriminated against?

____ Yourself

____ Someone else

(If the person discriminated against is 18 or older, we will need that person's signature before we can proceed with this complaint. Only the person affected or legal guardian may file a complaint.)

If someone other than yourself, please include:

Affected person's name: _____

Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

3. Department Information

Department Name: _____

Name of person(s) who allegedly discriminated against you:

1. Name: _____ Position/Title: _____
2. Name: _____ Position/Title: _____
3. Name: _____ Position/Title: _____

4. In the space provided below, please briefly describe each alleged discriminatory situation or action separately. For each allegation, please provide the following information:

- a. Date(s) the discriminatory action occurred;
- b. Nature of alleged discrimination;
- c. Name(s) of the individual(s) who discriminated (include position, title);
- d. Location of alleged discrimination;
- e. What happened;
- f. Witnesses (if any);
- g. Why you believe the discrimination was because of disability.

Please attach documents that you think will help us understand your complaint?
(Do **not** send original documents.)

___ Yes ___ No

5. What resolution are you seeking?
