

City of Shoreline Grievance Procedure Under the Americans with Disabilities Act August 2018

This Grievance Procedure is established to meet the requirements of the American with Disabilities Act of 1990 (ADA). This Grievance Procedure 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, facilities, or benefits by the City of Shoreline. These procedures do not apply to employment-related complaints of disability discrimination. Use of these procedures is not a prerequisite to the pursuit of other remedies, such as filing a complaint with the U.S. Department of Justice.

If you believe you have been subject to unlawful discrimination based on a disability, submit a written complaint or fill out the ADA Grievance Form as soon as possible, but no later than 60 calendar days after the alleged violation. A copy of the ADA Grievance Form is attached as Appendix 1 to these procedures. The Complaint Form or written complaint may be submitted to the City Clerk's Office at Shoreline City Hall at:

City of Shoreline
City Clerk's Office
17500 Midvale Avenue N
Shoreline, WA 98133
Monday through Friday, 8:00 am to 5:00 pm

The ADA Complaint Form or written complaint may also be mailed to:

City of Shoreline
ADA Coordinator – Code Enforcement and Customer Response Team Supervisor
17500 Midvale Avenue N
Shoreline, WA 98133
206-801-2700
TTY 206-546-0457

The written complaint should contain the following information, if applicable:

- Name, address, and contact information of the person alleging discrimination;
- Name and contact information of representative of complainant, if any;
- Description of the service, activity, program, facility, or benefit alleged to be inaccessible;
- Date and location of incident giving rise to this grievance; and
- City department and/or personnel involved.

Alternative means of filing complaints, such as personal interviews or audio/video recordings of the complainant, will be made available for persons with disabilities upon request to the ADA Coordinator.

Within 15 calendar days after receipt of the complaint, the City of Shoreline's ADA Coordinator and/or designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, the City's ADA Coordinator or designee will respond in writing, or where appropriate, in a format accessible to the complainant. The response will explain the position of the City of Shoreline and offer options for substantive resolution of the complaint.

If the response by the City's ADA Coordinator or designee does not satisfactorily resolve the issue, the complainant may seek reconsideration of the decision within 15 calendar days after receipt of the response to the City Manager. Any request for reconsideration by the City Manager should be in writing.

Within 15 calendar days after receipt of the request for reconsideration, the City Manager will meet with the complainant to discuss the complaint, the previously issued decision, and possible resolutions. Within 15 calendar days of the meeting, the City Manager will respond in writing, or where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received and responses given by the City ADA Coordinator and/or City Manager shall be retained by the City of Shoreline for at least six (6) years.

**COMPLAINT OF DISCRIMINATION ON THE BASIS OF DISABILITY
AGAINST THE CITY OF SHORELINE, WASHINGTON
Americans with Disability Act of 1990, 42 USC § 12101
Washington's Law Against Discrimination, chapter 49.60 RCW**

Complainant Contact Information:

Name

Street address/City/State/ Zip code

Work phone #/ Home/Cell phone #/ Message phone #

Email address

Additional mailing address

Aggrieved party contact information (if different from complainant):

Name

Street address/City/State/ Zip code

Work phone #/ Home/Cell phone #/ Message phone #

Email address

Relationship to aggrieved party

Name of respondent: City of Shoreline, Washington

Department or agency (if known): _____

Address/location (if known): _____

Date(s) of Incident: _____

I believe the above actions were taken because of my disability. My primary type of disability is:

_____ (e.g. mobility, vision, developmental)

Statement of Complaint – How were you discriminated against? Explain as clearly as possible what happened, who was involved, and where it happened. Include all facts upon which the complaint is based. Attach additional sheets if needed.

Name, position, and department of City employees you have contacted regarding the incident(s).

Witnesses or other involved – provide name, address, telephone number(s) and email addresses (if available). Attach additional sheets if needed.

If you have filed a grievance, complaint or lawsuit regarding this matter anywhere else, give name and address of each place where you have filed. Attach additional sheets if needed.

In the complainant's view, what would be the best way to resolve the grievance?

I affirm that the foregoing information is true to the best of my knowledge and belief. I understand that all information becomes a matter of public record after the filing of this complaint.

Complainant

Date

Aggrieved Party

Date