



CITY OF BRIDGEPORT

Title II of the Americans with Disabilities Act (ADA)

GRIEVANCE PROCEDURE

This Grievance Procedure is established to meet the requirements of Title II of the Americans with Disabilities Act (ADA) in accordance with §35.107(b). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment practices, and policies or the provisions of services, activities, programs, or benefits by the City of Bridgeport.

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 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.

**Loretta B. A. William, ADA Specialist
752 East Main Street
Bridgeport, CT. 06608
203-576-7147**

Within 15 calendar days after receipt of the complaint, Loretta B. A. Williams, ADA Specialist will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the ADA Specialist 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 Bridgeport and offer options for substantive resolution of the complaint.

If the response by the ADA Specialist does not satisfactorily resolve the issue, the complainant and or his/her designee may appeal the decision within 15 calendar days after receipt of the response.

Within 15 calendar days after receipt of the appeal, the ADA Specialist will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after meeting the Mayor or his or 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 complaint appeals, and responses will be kept on file by the City of Bridgeport for a period of 3 years.

City of Bridgeport

(ADA) TITLE II COMPLAINT FORM

Complaint No: _____

Date: _____

Name of Complainant: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone: (Home) _____ (Cell) _____

Person Discriminated Against: If other than the complainant:

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____

If you are a representative of the complainant:

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____

Name of Government, department, Organization, or institution you believe has discriminated:

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

When did the discrimination occur?

Date _____

Have efforts been made to resolve this complaint through the internal grievance Procedure of the Government, Organization, or Institution?

Yes _____ **No** _____

If yes:

Agency or Court:

Contact Person: _____

Address: _____

City: _____ **State** _____ **Zip Code** _____

Telephone: (Home) _____ **(Cell)** _____

Signature: _____

Date: _____

Return to: Loretta B. A. Williams, ADA Specialist
Office for Persons with Disabilities
752 East Main Street
Bridgeport, CT. 06608