



CARSON CITY, NEVADA

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. 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. The City's Personnel Policy governs 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. Alternative means of filing complaints, such as personal interviews or a tape recording of the Complaint, will be made available, upon request, for persons with disabilities.

The Complaint should be submitted by the grievant and/or their designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Cecilia Meyer, ADA Coordinator
Carson City Risk Management
201 N. Carson Street, Suite #3
Carson City, NV 89701

Within 15 calendar days after receipt of the Complaint, the ADA Coordinator, Cecilia Meyer, or her designee, will speak to or meet with the complainant (whichever the complainant desires) to discuss the Complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator, Cecilia Meyer, or her designee, will respond in writing, and, where appropriate, in format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City and may offer options for substantive resolution of the Complaint.

If the response by the ADA Coordinator, Cecilia Meyer, or her designee, does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within 15 calendar days after receipt of the response, to the City Manager, Nancy Paulson, or her designee.

Within 15 calendar days after receipt of the appeal, the City Manager, Nancy Paulson, or her designee, will speak to, or meet with the complainant (whichever the complainant desires) to discuss the Complaint and possible resolutions. Within 15 calendar days after the meeting, the City Manager, Nancy Paulson, 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 complaints received by the ADA Coordinator, Cecilia Meyer, or her designee, appeals to the City Manager, Nancy Paulson, or her designee, and responses from these two offices will be retained by the City for at least three years.

Attachment B to Settlement Agreement between the United States of America and **Carson City**, Nevada in DJ# **204-46-149**

Revised 1/2020

DEPARTMENT OF RISK MANAGEMENT
201 North Carson Street, Suite #3, Carson City, NV 89701 – Phone (775) 283-7484 Fax (775) 887-2107 TDD 711



CARSON CITY, NEVADA CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990, Carson City will not discriminate against qualified individuals with disabilities on the basis of disability in the City's services, programs, or activities.

Employment: The City does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the Americans with Disabilities Act (ADA).

Effective Communication: The City will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in City programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: The City will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all City programs, services, and activities. For example, individuals with service animals are welcomed in City offices, although otherwise animals are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a City program, service, or activity, should contact the ADA Coordinator, Cecilia Meyer, in the office of Risk Management, at 775-887-2133, as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the City to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a City program, service, or activity is not accessible to persons with disabilities should be directed to the ADA Coordinator, Cecilia Meyer, in the office of Risk Management at 775-283-7484.

The City will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

Attachment A to Settlement Agreement between the United States of America and **Carson City**, Nevada in DJ# 204-46-149.

Revised 1/2020

Grievance Form

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: _____

Email: _____

Person Discriminated Against (if same as above, proceed to next page):

Address: _____

City, State, and Zip Code: _____

Telephone: _____

Government, or organization, or institution which you believe has discriminated:

Name: _____

When did the discrimination occur? _____ Date: _____

Where did the discrimination occur? _____

Describe the incident/complaint with enough detail so the nature of the grievance can be understood (use space on page 3 if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution?

Yes _____ No _____

If yes: what is the status of the grievance?

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes _____ No _____

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone: _____

Email: _____

Date Filed: _____

Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court: _____

Address: _____

City, State and Zip Code: _____

Telephone: _____

Additional space for answers:

Signature: _____

Date: _____

Return to:

Cecilia Meyer, ADA Coordinator
Carson City Risk Management
201 N. Carson Street, Suite #3
Carson City, NV 89701
775-283-7484, cmeyer@carson.org