

TOWN OF EAST HAVEN

ADA MUNICIPAL GRIEVANCE PROCEDURE

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 employment practices and policies or the provisions of services, activities, programs, or benefits by the Town of East Haven.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, telephone number of the 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 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 sixty (60) calendar days after the alleged violation to:


Megan McAuliffe
250 Main Street
East Haven, CT 06512
Phone: (203) 468-3287
Fax: (203) 468-3372

Within fifteen (15) calendar days after receipt of the complaint, **ADA Compliance Coordinator Megan McAuliffe** will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, **ADA Compliance Coordinator Megan McAuliffe** 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 **ADA Compliance Coordinator Megan McAuliffe** and offer options for a substantive resolution of the complaint.

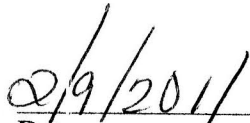
If the response by **ADA Compliance Coordinator Megan McAuliffe** does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision of **ADA Compliance Coordinator Megan McAuliffe** within fifteen (15) calendar days after receipt of the response to the **Mayor or his/her designee**.

Within fifteen (15) calendar days after receipt of the appeal, the **Mayor or his/her designee** will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the **Mayor 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 Town of East Haven, appeals to the **Mayor and/or his/her designee**, and responses from **ADA Compliance Coordinator Megan McAuliffe** and the **Mayor and/or his/her designee** will be kept on file by the Town of East Haven for at least three (3) years.



April Capone Almon, Mayor



Date: