

**GRIEVANCE PROCEDURE  
AMERICANS WITH DISABILITIES ACT (ADA)  
CITY OF MICHIGAN CITY, INDIANA**

**PURPOSE**

In accordance with Section 35.107(b) of Title 28 of the Code of Federal Regulations, the City of Michigan City (hereinafter referred to as “the City”) has adopted this formal grievance procedure to address any grievances that allege the City is not in compliance with Title II of the Americans with Disabilities Act of 1990. This procedure should be followed by anyone who seeks to file a grievance alleging disability discrimination by the City pertaining to City services, activities, programs, or benefits. This grievance procedure shall not apply to any claims under Title I of the ADA (employment-related complaints of disability discrimination).

**PROCEDURES FOR FILING A GRIEVANCE**

1. **Grievance Form/Americans with Disabilities Act:** A grievance shall be made in writing to the ADA Coordinator on a specified form, unless the claimant’s disability prevents him or her from filing a written grievance, in which case alternative means of filing a grievance will be made available for persons with disabilities upon request (ie: personal interview, tape recording, etc.). The “*Grievance Form/Americans with Disabilities Act (ADA)*” is attached hereto and incorporated herein as “*Exhibit A.*” The “*Grievance Form/Americans with Disabilities Act (ADA)*” may be obtained online at the City’s website at [www.emichigancity.com](http://www.emichigancity.com) or at the office of the ADA Coordinator, which is located at:

Contact: Charles G. Peller, Jr.  
Address: 100 E. Michigan Blvd., Michigan City, Indiana 46360  
Phone: (219) 873-1426 (ext. 333)  
Email: cpeller@emichigancity.com

2. **Deadline for Filing Grievance:** A grievance should be filed with the ADA Coordinator as soon as possible, but no later than sixty (60) days after claimant becomes aware of the alleged violation.

3. **Investigation Process:** Within fifteen (15) calendar days of receiving the grievance, the ADA Coordinator, or his/her designee, shall contact the claimant to discuss the grievance and possible resolutions. In the event the ADA Coordinator and the claimant cannot agree upon a satisfactory resolution of the matter, the ADA Coordinator shall issue a written response upon completion of the investigation, which shall include a response in a format accessible to the claimant (ie: print, large print, audio tape, etc.), if applicable.

*Grievance Procedure-Americans with Disabilities Act (ADA)-adopted by resolution of Common Council on 2/7/2012*

**“EXHIBIT 1”**

The written response of the ADA Coordinator shall restate the grievance as received in writing. The report will state the section of the ADA with which the City is alleged not to be in compliance. The report will state the finding of the ADA Coordinator. If the ADA Coordinator finds the City is not in compliance with the provisions of ADA, the report will identify in the transition plan the schedule for compliance, or identify the process and schedule to be used by the City to obtain compliance.

If it is the opinion of the ADA Coordinator, or his/her designee, that compliance has been achieved and the complainant does not agree, or his/her designee does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to the Board of Public Works and Safety by timely filing a written "*Request for Review of Decision of ADA Coordinator*" in the Michigan City Clerk's Office. The "*Request for Review of Decision of ADA Coordinator*" form is attached hereto and incorporated herein as "*Exhibit B.*" In addition, the "*Request for Review of Decision of ADA Coordinator*" form may be obtained online at the City's website at [www.emichigancity.com](http://www.emichigancity.com) or at the office of the ADA Coordinator.

Upon receipt of the complainant's written "*Request for Review of Decision of ADA Coordinator,*" the Clerk's Office shall place the matter on the agenda for the next regularly scheduled Board of Public Works and Safety meeting. The complainant may attend the meeting and may present any additional relevant information to the Board.

The Board of Public Works and Safety will review all relevant information, including but not limited to the decision of the ADA Coordinator, the "*Request for Review of Decision of ADA Coordinator*" filed by the complainant, and any additional information presented at the meeting. The Board of Public Works and Safety will render a decision on the matter within forty-five (45) calendar days and provide the complainant with a response in writing, and where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

4. Retention of Records: The ADA Coordinator and the Board of Public Works and Safety shall maintain files and records of all grievances filed under this grievance procedure for a period of at least five (5) years following the date of the resolution or determination of the grievance by the ADA Coordinator.

5. Other Remedies: The right of a person to a prompt and equitable resolution of the grievance filed under this Grievance Procedure shall not be impaired by the person's pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not a prerequisite to claimant's pursuit of other remedies.

**GRIEVANCE FORM**  
**AMERICANS WITH DISABILITIES ACT (ADA)**  
**CITY OF MICHIGAN CITY, INDIANA**

Instructions: Please fill out this form completely in black ink or type. Sign and return to the address on the next page. Alternative means of filing a grievance complaint, such as a personal interview or audio recording, will be made available upon request to the ADA Coordinator, whose contact information is listed at the end of this form.

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Person Discriminated Against: \_\_\_\_\_  
(if other than complainant)

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

City Department(s) you believe discriminated: \_\_\_\_\_

Where alleged discrimination took place: \_\_\_\_\_

When alleged discrimination took place (date/time): \_\_\_\_\_

Describe the acts of discrimination providing the name(s) where possible of the individuals who allegedly discriminated (if applicable) or facilities in violation of the Americans with Disabilities Act. Attach additional pages if necessary.

---

---

---

---

Has a 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, with what agency or court? \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Do you intend to file with another agency or court? Yes \_\_\_\_\_ No \_\_\_\_\_

Agency or Court: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Additional Space for Answers, if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Charles G. Peller, Jr., Engineer/ADA Coordinator  
100 E. Michigan Boulevard  
Michigan City, Indiana 46360  
[cpeller@emichigancity.com](mailto:cpeller@emichigancity.com)  
(219) 873-1426 (ext. 333)

**REQUEST FOR REVIEW OF DECISION OF ADA COORDINATOR  
AMERICANS WITH DISABILITIES ACT (ADA)  
CITY OF MICHIGAN CITY, INDIANA**

Instructions: Please fill out this form completely in black ink or type. Sign and return to the address on the next page. Alternative means of filing a grievance complaint, such as a personal interview or audio recording, will be made available upon request to the Clerk's Office, whose contact information is listed at the end of this form.

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date I received written response from ADA coordinator: \_\_\_\_\_

Reasons why I disagree with decision of ADA coordinator: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How I believe compliance can be achieved and this matter resolved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Space for Answers, if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Michigan City Clerk's Office  
100 E. Michigan Boulevard  
Michigan City, Indiana 46360  
Attn: Gale Neulieb  
galen@emichigancity.com  
(219) 873-1410 (telephone)