



GRIEVANCE PROCEDURE UNDER THE AMERICANS WITH DISABILITIES ACT

Access for All:

Title II of the American with Disabilities Act (ADA) of 1990, Section 504 of the Rehabilitation Act of 1973, and the ADA Amendments of 2008 protects qualified individuals with a disability from discrimination on the basis of that disability in the services, programs, or activities of the City of Providence (City).

Equal Access:

The City of Providence will make reasonable accommodations to its services, policies, and programs to ensure that individuals with disabilities have equal access to City programs, services or activities. Individuals requiring auxiliary aids or services for effective communication or modification of policies or procedures of a City program or service should contact the Mayor's Center for Constituent Services at (401) 421-2489 or 311 within the City. Requests for auxiliary aids or services must be made no later than **10 business days** before the scheduled event.

ADA Grievance Procedure:

In the event an individual believes the City has failed to comply with Title II of the ADA and/or Section 504 of the Rehabilitation Act of 1973 by not providing equal access to, participation in, or denied the benefits of a City service, program, or activity, that individual or group of individuals may file a complaint with the City.

Process for filing an ADA Complaint:

1. Fill out the complaint form and submit it to the ADA Coordinator at the address below.

A written complaint may be filed using the City's ADA Grievance Complaint form. The complaint form is located on the City website at <http://www.providenceri.gov> under the section, "ADA Compliance". You can use the paper form or fill it out online.

An oral complaint may be filed by contacting the City's ADA Coordinator directly at (401) 680-5333.

If a reasonable accommodation is needed to communicate your complaint, such as an interpreter or alternative format, please indicate the need and assistance will be provided. Speech or hearing impairment assistance is available by dialing Rhode Island Relay at 711.

The written or oral complaint must be filed within **60 days** after the discriminatory action about which you are complaining. Send the complaint to:

Leonela Felix, Esq.
Ethics Education & ADA Coordinator
444 Westminister Street, Suite 220
Providence, RI 02903
Email: lfelix@providenceri.gov
Telephone (Voice): (401) 680-5333
TDD/TTY Relay: 711

2. Meet with the ADA Coordinator to Discuss Your Complaint

The ADA Coordinator will meet with the Complainant within **15 business days** of the complaint being filed or arrange a telephone meeting to discuss the complaint.

The ADA coordinator will synthesize the information from the meeting and the ADA complaint form into a report and will forward the completed document to the complainant for review and concurrence of the facts of the complaint.

If the complainant agrees that the document accurately portrays the complaint, they will sign and date the document. The form will also be signed and dated by the ADA Coordinator

4. The Complaint is Investigated.

Within **60 days** of the receipt of the signed Complaint Form, the meeting with the complainant, and the signed summation of the facts of the complaint, the ADA Coordinator will investigate the complaint.

Following the investigation, the ADA Coordinator will contact the complainant to discuss the findings, explain how the complaint will be resolved and the timeframe for resolution of the complaint. The ADA Coordinator will provide a written decision to the complainant, signed and dated, which includes a finding of "Cause" or "No Cause" to believe any discrimination has occurred, as well as any actions City will take to resolve the complaint.

5. If the Complaint is Not Resolved

If the response does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within **15 business days** after receipt of the response to:

Jeffrey Dana, Esq.
City Solicitor
444 Westminister Street, Suite 220
Providence, RI 02903
Email: jdana@providenceri.gov
Telephone (Voice): (401) 680-5333
TDD/TTY Relay: 711

The City Solicitor will review the original complaint, the ADA Coordinator's written decision and findings, attempts to address the complaint, and reasons for the complainant's dissatisfaction with the original ruling.

A final determination will be made within **30 business days** of the receipt of the appeal. The complainant will be notified of the decision in writing. The City Solicitor's decision will be final.

6. Other Filing Options

The use of the City's ADA Complaint process in no way precludes an individual or group from filing a formal complaint with the Rhode Island Governor's Commission on Disabilities, or the United States Department of Justice. The complainant is not required to complete the City's Title II Complaint process before filing with any other agency.

7. Record Maintenance

The City's ADA Coordinator will maintain ADA complaints and related documents for three (3) years from the date of the final response.

Complaint Procedure Timetable

Complaint must be filed within	60 days
ADA Coordinator meets with the Complainant	15 days
Complaint investigated within	60 days
Final determination made within	30 days
Record of complaint maintained for	3 years



GRIEVANCE PROCEDURE FORM UNDER THE AMERICANS WITH DISABILITIES ACT

The City of Providence is committed to its policy of inclusion in the City's services, programs and activities and to complying with the Americans With Disabilities Act ("ADA"), and related laws. This Form may be used by any individual to file a complaint alleging discrimination on the basis of disability in meetings, services, programs or activities of the City of Providence under Title II of the ADA.

If you need assistance in completing this form, need the form in an alternative format (such as a larger font), or need to submit the grievance in an alternative format (such as a personal interview), please contact the City's ADA Coordinator whose information is located at the end of this form. All complaints will be kept on file for a minimum of 3 years.

Filing Date:

Date of Alleged Incident:

Complainant Name:

Phone Number:

Home Address:

Email:

Describe the alleged act of discrimination (additional paper may be attached):

The alleged act of discrimination involves which City department, meeting, agency or program?

This Complaint Form (or alternate reporting method) should be submitted by the complainant or their designee as soon as possible, but no later than **60 days** after the alleged violation, to:

Leonela Felix, Esq.
Ethics Education & ADA Coordinator
444 Westminster Street, Suite 220
Providence, RI 02903
E-mail: lfelix@providenceri.gov
Telephone (voice): 401-680-5333
TTY/TDD Relay: 711