

# CITY OF SULTAN

## Americans With Disabilities Act (ADA) Access Plan for the Public Right-of-Way



### APPENDIX D

#### ADA Grievance Procedure

Procedure  
Grievance Form  
Appeal Form

**DRAFT** July 2023

Prepared by





## City of Sultan

### 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 ("ADA"). 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 of Sultan. The City of Sultan'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 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:

#### **General ADA Grievances**

Tami Pevey  
ADA Coordinator/City Clerk  
319 Main Street  
P.O. Box 1199  
Sultan, WA 98294  
[adacoordinator@ci.sultan.wa.us](mailto:adacoordinator@ci.sultan.wa.us)

#### **Public Right-of-Way (PROW) ADA Grievances**

Nate Morgan  
PROW ADA Coordinator/Public Works Director  
319 Main Street  
P.O. Box 1199  
Sultan, WA 98294  
[adacoordinator@ci.sultan.wa.us](mailto:adacoordinator@ci.sultan.wa.us)

Within 15 calendar days after receipt of the complaint, the **ADA Coordinator** or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the **ADA Coordinator** or their designee 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 Sultan and offer options for substantive resolution of the complaint.

If the response **ADA Coordinator** or their designee 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 to the **City Administrator** or their designee.

Within 15 calendar days after receipt of the appeal, the **City Administrator** or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the **City Administrator** or their 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** or their designee, appeals to the **City Administrator** or their designee, and responses from these two offices will be retained by the **City of Sultan** for at least three years.



## City of Sultan – ADA Grievance Form

Complainant Name:

Designee Preparing Grievance (if different from Complainant):

Designee's Relationship to Complainant:

Street Address & Apt. No.:

City:

State:

Zip:

Phone: (        )

E-mail:

Preferred contact method to discuss grievance:

Please provide a complete description of the specific grievance:

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Please specify any location(s) related to the grievance (if applicable):

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Please state what you think should be done to resolve the grievance:

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Please attach additional pages as needed.

Please do not contact me personally.

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

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

**Return to:** City of Sultan, Tami Pevey, ADA Coordinator/City Clerk, 319 Main Street, P.O. Box 1199, Sultan, WA 98294, or email to [adacoordinator@ci.sultan.wa.us](mailto:adacoordinator@ci.sultan.wa.us).

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Tami Pevey, ADA Coordinator/City Clerk, 319 Main Street, P.O. Box 1199, Sultan, WA 98294, or email [adacoordinator@ci.sultan.wa.us](mailto:adacoordinator@ci.sultan.wa.us), or call 36-793-1811 (dial -7-1-1 for Washington State Relay Services).



## City of Sultan – ADA Grievance Appeal Form

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

Designee Preparing Grievance (if different from Complainant): \_\_\_\_\_

Designee's Relationship to Complainant: \_\_\_\_\_

Street Address & Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred contact method to discuss grievance: \_\_\_\_\_

**PLEASE PROVIDE A DETAILED EXPLANATION OF WHY YOU BELIEVE THE RESPONSE FROM THE CITY'S ADA COORDINATOR DID NOT SATISFACTORILY RESOLVE YOUR GRIEVANCE** (Please attach a complete copy of your initial grievance and the response resolution letter from the City's ADA Coordinator):

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**APPEAL REMEDY REQUESTED:**

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Please attach additional pages as needed.

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

**Return to:** City of Sultan, Tami Pevey, ADA Coordinator/City Clerk, 319 Main Street, P.O. Box 1199, Sultan, WA 98294, or email to [adacoordinator@ci.sultan.wa.us](mailto:adacoordinator@ci.sultan.wa.us).

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