



## **City of Moraine 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 Moraine**. The **City of Moraine's** Administrative 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: **Alisha Burcham, ADA Coordinator, City of Moraine, 4200 Dryden Road, Moraine, OH 45439**.

Within 15 calendar days after receipt of the complaint, the ADA coordinator or designee will arrange to meet with the complainant to discuss the complaint and the possible resolutions. An informal investigation, as may be appropriate, shall follow the filing of a complaint. The ADA Coordinator or appropriate designee shall conduct the informal investigation with 30 days after the initial receipt of the grievance.

Within 15 calendar days of the meeting or the conclusion of the informal investigation, whichever occurs later, the ADA coordinator or 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 City of Moraine, determine the validity of the grievance, if any, and offer options for substantive resolution of the complaint.

If the response by the ADA coordinator or 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 Manager or his designee.

Within 15 calendar days after receipt of the appeal, the City Manager or his designee will

arrange to meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Manager or his 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 designee, appeals to the City Manager or his designee, and responses from these two offices will be retained by City of Moraine in the City Manager's Office.

The right of a person to a prompt and equitable resolution of the complaint 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 and/or state department or agency. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies.



**Alisha Burcham, PE**  
ADA Coordinator  
4200 Dryden Road  
Moraine, Ohio 45439  
aburcham@moraineoh.org  
TEL: (937) 535-1031

**Title II of the Americans with Disabilities Act  
GRIEVANCE FORM**

**1. COMPLAINANT INFORMATION:**

Name of Complainant:

\_\_\_\_\_

Last	MI	First
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Address:

\_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Preferred Method(s) of Communication: (Check all that apply)

Voice Telephone    TTY    E-mail    US Mail   Other: \_\_\_\_\_

2. **DESCRIBE YOUR COMPLAINT OF DISCRIMINATION BASED UPON DISABILITY:** Be specific and give date(s), time(s) and location(s). Use the reverse side of this sheet or attached pages, if needed
  
3. **PERSONS NAMED IN YOUR COMPLAINT:** List the names of (or describe) all persons involved in your complaint. Indicate the job title and City Department if possible.
  
4. **WITNESSES TO YOUR COMPLAINT:** List the names of (or describe) all persons involved in your complaint. Indicate the job title and City Department, if possible.
  
5. **EVIDENCE AND DOCUMENTATION:** List and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.
  
6. **CASE REMEDY AND/OR RESOLUTION:** What remedies or resolutions are you seeking?

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**CERTIFICATION**

**I hereby certify that the information and statements provided above are true.**

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

If Complainant is not the individual completing this form, please provide:

Representative's Printed Name: \_\_\_\_\_

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

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

For more information or assistance in completing this form, please contact Alisha Burcham –  
ADA Coordinator via phone 937-535-1031 or (email) [aburcham@moraineoh.org](mailto:aburcham@moraineoh.org).