**RESOLUTION NO 246**

DISABILITY GRIEVANCE PROCEDURE

The following grievance procedure is established to meet the requirements of Section 504 of the Rehabilitation Act as amended and the Americans with Disabilities Act of 1990 (ADA).

According to these laws, the City of Kimberly, as a recipient of Federal Stimulus funding through the American Recovery and Reinvestment Act (ARRA), certifies that all citizens shall have the right to submit a grievance on the basis of disability in policies or practices regarding employment, service, activities, facilities or benefits provided by the City.

When filing a grievance, citizens must provide detailed information to allow an investigation, including the date, location and description of the problem. The grievance should be in writing and should include the name, address and telephone number of the complainant. Upon request, an alterative means of filing complaint, such as personal interview or a tape recording, will be made available for individuals with disabilities upon request. The complaint should be submitted by the complainant or his/her designee as soon as possible, but no later than 60 days after the alleged violation. Complaint must be signed and sent to:

City of Kimberly
City Clerk, ADA Coordinator
132 Main North
P.O. Box Z
Kimberly, ID 83341

Within 15 calendar days after receiving the complaint, the City Clerk will meet with the complainant to discuss the complaint and possible solution. Within 15 calendar days after the meeting, the City clerk will respond in writing. Where appropriate, the response shall be in format assessable to the complainant (such as large print or audio tape). The response will explain the position of the city of Kimberly and offer options for resolving the complaint.

If the response by the City clerk does not satisfactorily resolve the issue, the complainant or his/her designee may appeal the decision. Appeals must be made within 15 calendar days after receipt of the response. Appeals must be directed to the City Council in the same format and address as described above.

Within 30 days after receiving the appeal, the City Council or their designee will meet with the complainant to discuss the complaint and to discuss possible solutions. Within 15 calendar days, after the meeting, the City Council or their designee will proved a response in writing. Where appropriate, the response shall be in a format assessable to the complainant (such as large print or audio tape). The response will explain the position of the City of Kimberly and offer options for resolving the complaint.

Any individual who believes that he or she or a specific individual or class of individuals has been subjected to discrimination on the basis of disability, in a health or human service program or activity

conducted by a covered entity, may file a complaint with OCR. Complaints must be filed within 180 days from the date of the alleged discrimination. OCR may extend the 180-day deadline if you can show "good cause."

Include the following information in your written complaint, or request a Discrimination Complaint Form from an OCR Regional or Headquarters office (complaints must be signed by the complainant or an authorized representative):

- Your name, address, and telephone number.
- Name and address of the entity you believe discriminated against you.
- How, why, and when you believe you were discriminated against.
- Any other relevant information.

Send your complaint to the Regional Manager at the appropriate OCR Regional Office, or to the address located below.

Upon receipt, OCR will review the information provided. If we determine we do not have the authority to investigate your complaint, we will, if possible, refer it to an appropriate agency. Complaints alleging employment discrimination on the basis of disability against a single individual may be referred to the U. S. Equal Employment Opportunity Commission for processing.

Private individuals may also bring law suits against a public entity to enforce their rights under Section 504 and the ADA; and may receive injunctive relief, compensatory damages, and reasonable attorney's fees.

**For Further Information, Contact:**
**Director**
**U.S. Department of Health and Human Services**
**Office for Civil Rights**
**200 Independence Avenue, SW - Room 506-F**
**Washington, D.C. 20201**

**Hotlines: 1-800-368-1019 (Voice) 1-800-537-7697 (TDD)**
**E-Mail: ocrmail@hhs.gov Website: http://www.hhs.gov/ocr**

The 504/ADA coordinator shall maintain the files and records of the City pertaining to the complaints filed for a period of three years after the grant is closed.

PASSED BY THE COUNCIL of the City of Kimberly this 23rd day of February, 2010.

APPROVED BY THE MAYOR of the City of Kimberly this 23rd day of February, 2010.

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David T. Overacre, Mayor

Attest:

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Polly Hulsey, City Administrator