

## **CITY OF CONCORD, NH GRIEVANCE PROCEDURE UNDER THE AMERICANS WITH DISABILITIES ACT**

This Grievance Procedure is established to meet the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA). Any person may follow this procedure to file a complaint alleging discrimination that the City of Concord discriminates on the basis of disability in providing services, meetings, programs, or activities of the City of Concord under Title II of the ADA.

### **1. Complaint Procedure**

- (a) Prepare a written complaint by mailing a letter or completing the attached *Grievance Form*.
  - (1) The Complaint must include the following:
    - (A) Your name, address and telephone number.
    - (B) Information about the alleged discrimination including locations(s), date(s) and brief description of the alleged incident.
- (b) Alternative means of filing complaints (personal interviews or tape recordings) are available to persons with disabilities upon request.
- (c) Submit your complaint no later than ninety (90) days after the alleged discrimination by mailing or delivering to: City of Concord ADA Coordinator, Attn: City Manager's Office, 41 Green Street, Concord, NH 03301.

### **2. Review Procedure**

- (a) An investigation, as may be appropriate, will follow the filing of the complaint. The investigation shall be conducted as directed by the ADA Coordinator.
- (b) A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the ADA Coordinator. Unless additional time is necessary, a copy shall be forwarded to the complainant no later than thirty (30) days.

### **3. Appeal Procedure**

If you are not satisfied with the ADA Coordinator's response, you may appeal the decision to the City Manager within fifteen (15) calendar days after receipt of the resolution by mailing or delivering to: City Manager, 41 Green Street, Concord, NH 03301.

### **4. Your File – Records Retention**

The City of Concord will retain your file for a minimum of **3 years**.

**CITY OF CONCORD, NH GRIEVANCE FORM  
UNDER THE AMERICANS WITH DISABILITIES ACT**

Any person may use this form to file a complaint alleging discrimination on the basis of disability in services, meetings, programs, or activities of the City of Concord under Title II of the ADA. Alternative means of filing complaints—personal interviews or tape recordings—are available upon request to persons with disabilities. Complaints are kept on file for a minimum of three years.

**Filing date:** \_\_\_\_\_ **Date of Alleged Incident:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

What City department, agency, service, meeting, program, or activity involved the alleged discrimination?

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Describe the alleged act of discrimination (you may attach additional paper):

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You, or your designee, should submit this form (or alternative filing method) as soon as possible to the following, but no later than 90 days after the alleged incident.

**ADA Coordinator  
Attn: City Manager's Office  
41 Green ST  
Concord, NH 03301**