CITY OF MEMPHIS

TITLE II OF THE AMERICANS WITH DISABILITIES ACT (ADA)

Americans with Disabilities Act (ADA) Grievance Procedure

The City of Memphis has established this Grievance Procedure to comply with the requirements of the Americans with Disabilities Act of 1990 (ADA). This procedure may be used by any individual who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits provided by the City of Memphis.

This procedure does not apply to employment-related complaints of disability discrimination. Such complaints are governed by the City of Memphis Personnel Policy and applicable employment procedures.

Filing a Complaint

A complaint should be submitted in writing and should contain information regarding the alleged discrimination, including, when available:

- The name, address, and telephone number of the complainant;
- The location where the alleged discrimination occurred;
- The date of the alleged violation; and
- A description of the alleged discrimination or problem.

Alternative methods of filing a complaint, including a personal interview or an audio recording of the complaint, will be made available upon request to individuals with disabilities who require an alternative means of communication.

Complaints should be submitted by the complainant and/or the complainant's designated representative as soon as possible, but no later than **60 calendar days** after the alleged violation.

Complaints should be submitted to:

De Keishia Tunstall, ADA Coordinator
City of Memphis
3720 Knight Arnold Road
Memphis, TN 38118

Informal Resolution and Initial Response

Within **15 calendar days** after receiving the complaint, the ADA Coordinator or her designee will meet with the complainant to discuss the complaint and potential resolutions.

Within **15 calendar days** following the meeting, the ADA Coordinator or her designee will provide a written response to the complainant. When appropriate, the response will be provided in an accessible format requested by the complainant, such as large print, Braille, or an audio format.

The written response will explain the City of Memphis' position regarding the complaint and, when appropriate, identify options for substantive resolution.

Appeal

If the response from the ADA Coordinator or her designee does not satisfactorily resolve the complaint, the complainant and/or the complainant's designated representative may appeal the decision.

The appeal must be submitted within **15 calendar days** after receipt of the ADA Coordinator's written response and should be directed to:

Chris Winton, Chief Operating Officer
City of Memphis

The Chief Operating Officer or his designee will review the appeal.

Within **15 calendar days** after receiving the appeal, the Chief Operating Officer or his designee will meet with the complainant to discuss the complaint, the appeal, and potential resolutions.

Within **15 calendar days** following the meeting, the Chief Operating Officer or his designee will provide a written response. When appropriate, the response will be provided in an accessible format requested by the complainant, such as large print, Braille, or an audio format.

The decision of the Chief Operating Officer or his designee will constitute the City of Memphis' final resolution of the complaint under this grievance procedure.

Record Retention

All written complaints received by the ADA Coordinator or her designee, appeals submitted to the Chief Operating Officer or his designee, and written responses issued by these offices will be maintained by the City of Memphis for a minimum of **three (3) years**.

The City of Memphis will make reasonable efforts to ensure that this grievance procedure is accessible to individuals with disabilities and that individuals who file complaints are able to participate in the process effectively.

CITY OF MEMPHIS

TITLE II OF THE AMERICANS WITH DISABILITIES ACT (ADA)

ADA Grievance/Complaint Form

The City of Memphis is committed to providing individuals with disabilities equal access to its services, programs, activities, and benefits in accordance with Title II of the Americans with Disabilities Act of 1990 (ADA).

This form may be used to file a complaint alleging discrimination on the basis of disability in connection with a City of Memphis service, program, activity, facility, or benefit.

This grievance procedure does not apply to employment-related complaints of disability discrimination. Employment-related complaints are addressed through the applicable City of Memphis personnel policies and procedures.

SECTION 1 – COMPLAINANT INFORMATION

Name of Complainant:

Address:

City: _____ **State:** _____ **ZIP:** _____

Telephone Number:

Email Address:

Preferred Method of Contact:

☐ Telephone

☐ Email

☐ Mail

☐ Other: _____

SECTION 2 – GRIEVANCE/COMPLAINT

Please describe the nature of your complaint and explain why you believe you have been discriminated against on the basis of disability.

Please provide as much specific information as possible, including the **date, time, location, City department or facility involved, names of individuals involved, witnesses, and a description of what occurred**.

Date of Alleged Violation: _____

Time of Alleged Violation: _____

Location of Alleged Violation:

City Department/Facility/Program Involved:

Description of Complaint:

If additional space is needed, please attach additional pages or supporting documentation.

SECTION 3 – ACCOMMODATION OR ASSISTANCE

If you need an accommodation or assistance to complete or submit this form because of a disability, please describe the assistance or accommodation requested below.

You may also contact the ADA Coordinator to request an alternative method of filing a complaint, including a personal interview or other appropriate means of communication.

SECTION 4 – DESIRED RESOLUTION

If applicable, please describe how you would like the City of Memphis to address or resolve your complaint.

SECTION 5 – SUPPORTING DOCUMENTATION

Please identify any documents, photographs, correspondence, or other information you are submitting with this complaint.

Documents attached:

☐ Yes

☐ No

SECTION 6 – CERTIFICATION AND SIGNATURE

I certify that the information provided in this grievance/complaint form is true and accurate to the best of my knowledge.

Complainant Signature: _____

Date: _____

If submitted by a designated representative:

Representative Name: _____

Relationship/Title: _____

Representative Telephone: _____

Representative Email: _____

Representative Signature: _____

Date: _____

SUBMISSION OPTIONS

Please submit your completed grievance/complaint as soon as possible, but **no later than 60 calendar days after the alleged violation**, unless an extension is appropriate under the circumstances.

Option 1 – Print and Mail

Print and complete this form, sign it, and mail it to:

De Keishia Tunstall, ADA Coordinator
City of Memphis
3720 Knight Arnold Road
Memphis, TN 38118

Option 2 – Electronic Submission

The City of Memphis may accept electronic submissions through **DocuSign**. If completing this form electronically, follow the DocuSign instructions provided with the form and submit the completed document electronically.

Option 3 – Alternative Submission Due to Disability

If you are unable to complete or submit this form using the methods described above because of a disability, please contact the ADA Coordinator to request an alternative method of submitting your complaint or an accommodation to assist you with the grievance process.

ADA Coordinator: De Keishia Tunstall
Telephone: 901-636-4828
Email: Dekeishia.Tunstall@memphistn.gov

WHAT HAPPENS AFTER YOU SUBMIT YOUR COMPLAINT?

Upon receipt of your complaint, the ADA Coordinator or her designee will review the complaint and, within **15 calendar days**, meet with the complainant to discuss the complaint and possible resolutions.

Within **15 calendar days following the meeting**, the ADA Coordinator or her designee will provide a written response. When appropriate, the response will be provided in an accessible format requested by the complainant.

If the complaint is not satisfactorily resolved, the complainant may appeal the decision within **15 calendar days** after receiving the written response. Appeals will be reviewed by the **Chief Operating Officer, Chris Winton, or his designee**, in accordance with the City of Memphis ADA Grievance Procedure.

For complete information regarding the grievance process, please refer to the **City of Memphis ADA Grievance Procedure**.

FOR CITY USE ONLY

Date Complaint Received: _____

Received By: _____

Method Received:
☐ Mail
☐ DocuSign/Electronic
☐ Alternative Method/Accommodation
☐ Other: _____

Complaint Number: _____

Department/Division Referred To (if applicable):

Date Acknowledgment Sent: _____

Meeting Date: _____

Initial Response Due: _____

Initial Response Date: _____

Appeal Received: ☐ Yes ☐ No

Appeal Date: _____

Final Response Date: _____