

## AMERICANS WITH DISABILITIES ACT ADA Title II – Notice and Grievance Procedure

The purpose of this document is to provide for prompt and equitable resolution of complaints alleging any action that is prohibited by Title II of the Americans with Disabilities Act (hereinafter “ADA”).

In the event a request for access to programs, services or facilities cannot be resolved, an individual may, within ninety (90) business days of the alleged violation, file a grievance either orally or in writing, by contacting Edward Williams, ADA Coordinator, City of Truth or Consequences, 401 McAdoo Street, Truth or Consequences, NM 87901, (575)894-6673, ext. 316, or send by email to: [ewilliams@torcnm.org](mailto:ewilliams@torcnm.org).

### COMPLAINT PROCEDURE

The procedure to file a grievance is as follows:

**Step 1.** A written grievance should be filed on the attached form. If the grievance is not filed on the City of Truth or Consequences form, it may be filed on any paper, but should nonetheless contain the following information:

1. The name, address, and telephone number of the person filing the grievance.
2. The name, address and telephone number of the person alleging the ADA violation, if other than the persons filing the grievance.
3. A description of the alleged violation and of the remedy sought.
4. Information regarding whether a complaint has been filed with a State or Federal agency, and, if so, the name of the agency or court where the complaint was filed, the date filed, and the name, address and telephone number of a contact person with the agency with which the complaint was filed.

**OR**

An oral grievance can be filed by contacting the ADA Coordinator. The oral grievance will be documented in writing by the ADA Coordinator utilizing the City’s ADA Grievance Form, and will contain the same information as listed above, and will then be signed by the complainant. Grievances taken by telephone or via e-mail must contain an original signature.

**Step 2.** The grievance will be responded to or acknowledged within twenty (20) business days of receipt from complainant.

**Step 3.** Within forty (40) business days of receipt, the ADA Coordinator will conduct the investigation necessary to determine the validity of the alleged violation, and will issue a written determination regarding the validity of the complaint, along with a description of the recommended resolution. If appropriate, the ADA Coordinator will arrange to meet with the complainant to discuss the matter and attempt to reach, or to mediate, a resolution of the grievance.

**Step 4.** If the ADA Coordinator's written determination is not satisfactory to the complainant, he/she may, within five (5) business days, appeal that decision, in writing, to the City Manager, City of Truth or Consequences, 505 Sims Street, Truth or Consequences, NM 87901. The City Manager will review the appeal, and within ten (10) business days, will issue his/her written determination as to the validity of the complaint.

**Step 5.** The complainant may request reconsideration if he/she is dissatisfied with the City Manager's written determination. The request for reconsideration must be in writing and must be filed within fifteen (15) business days, with the Truth or Consequences City Clerk's office, to be scheduled for hearing by the Truth or Consequences City Commission. The City Commission will review the request for reconsideration and make a final determination within sixty (60) business days from the filing of the request for reconsideration.

**Step 6.** If the complainant is not satisfied with the City's handling of the grievance at any stage of the process, or if he/she does not wish to file a grievance by utilizing the City's ADA Grievance Procedure, the complainant may file a grievance directly with the appropriate state or federal agency. Use of the City's grievance procedure is not a prerequisite to the pursuit of other remedies.

The resolution of any specific complaint will require consideration of varying circumstances, such as: the specific nature of the disability; the nature of the access to services, programs, or facilities at issue; and the essential eligibility requirements for participation. Other areas to consider would be the health and safety of others, the degree to which an accommodation would constitute a fundamental alteration to the program, service, or facility, or would cause an undue hardship to the City. Accordingly, the resolution by the City of any one grievance does not constitute a precedent upon which the City is bound, or upon which other complaining parties may rely.

**City of Truth or Consequences**  
**GRIEVANCE FORM**  
**AMERICANS WITH DISABILITIES ACT**

**Today's Date:** \_\_\_\_\_

**Complainant:** \_\_\_\_\_

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

**City, State, ZIP** \_\_\_\_\_

**Telephone & E-mail** \_\_\_\_\_

**Name of Individual Discriminated Against:** \_\_\_\_\_

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

**City, State, ZIP** \_\_\_\_\_

**Telephone & E-mail** \_\_\_\_\_

**Alleged Violation: Date(s) of Occurrence:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested Action by City to Correct Violation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has a complaint been filed with a State or Federal Agency?**      Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Date Filed \_\_\_\_\_

Contact Person: \_\_\_\_\_

Signature of  
Complainant \_\_\_\_\_

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## GRIEVANCE PROCEDURE FLOW CHART

