

### **Town of Loomis, Department of Public Works – Grievance Procedures and Instructions**

#### **Step 1: File a Grievance Form**

The complainant should fill out the Grievance Form attached to this Procedure, giving all of the information requested. The Grievance Form should be filed in writing with the **Town of Loomis**, Department of Public Works within 60 days of the alleged disability-related discrimination. Upon request, reasonable accommodations will be provided in completing the form, or alternative formats of the form will be provided. The Grievance Procedure and Form may be obtained from and sent to the **Town of Loomis** Public Works Department.

#### **Step2: An Investigation is Conducted**

A notice of receipt shall be mailed to the complainant by registered mail within 5 days of the receipt of the grievance. If necessary, the authorized Public Works Department representative may contact the complainant directly to obtain additional facts or documentation relevant to the grievance. If the complainant does not wish to be contacted personally, it should be indicated on the Grievance Form.

#### **Step 3: A Written Decision is Prepared and Forwarded to the Complainant**

The Engineering Manager shall prepare a written decision, after full consideration of the merits of the grievance, no later than 60 days following the receipt of the grievance. A copy of the written decision shall be mailed to the complainant by registered mail no later than 5 days after preparation of the written decision.

#### **Step 4: A Complainant May Appeal the Decision**

If the complainant is dissatisfied with the written decision, the complainant may file a written appeal with the Director of Public Works, no later than 30 days from the date of the mailing of the decision. The appeal must contain a statement of the reasons why the complainant is dissatisfied with the written decision, and must be signed by the complainant, or by someone authorized to sign on the complainant's behalf. A notice of receipt shall be mailed to the complainant by registered mail within 5 days of the receipt of the appeal. The decision of the Public Works Director shall be final.

*The **Town of Loomis**, Department of Public Works, shall maintain the confidentiality of all files and records relating to grievances filed, unless disclosure is authorized or required by law. Any retaliation, coercion, intimidation, threat, interference, or harassment for the filing of a grievance, or used to restrain a complainant from filing, is prohibited and should be reported immediately to the Director of Public Works.*

**Town of Loomis, Department of Public Works – ADA Complaint / Grievance Form**

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

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship to Complainant (if different from Complainant): \_\_\_\_\_

Street Address & Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide a complete description of the specific complaint or grievance:

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

Please specify any location(s) related to the complaint or grievance (if applicable):

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

Please state what you think should be done to resolve the complaint or grievance:

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

Please attach additional pages as needed.

Please do not contact me personally.

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

Return to: (Fill in name and address)

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the individual at the address listed above.