



**Code of Ordinances**  
CITY OF AUBURN





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Americans with  
Disabilities Act (ADA)  
Grievance Procedure

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CHAPTER  
**99**

**AUBURN**



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## **99.01 ADA COORDINATOR**

There is hereby established an ADA Coordinator and an ADA Coordination Committee comprised of three persons. The Coordinator and the committee members may be Auburn City Department Heads or employees. The Mayor shall appoint the ADA Coordinator and each ADA Coordination Committee member. The Coordinator and the Committee members shall serve at the pleasure of the Mayor and shall receive no compensation for their service.

## **99.02 REQUESTS FOR INFORMATION**

The initial questions, requests for information, requests for accommodations, concerns, and/or complaints regarding barriers, access, or discrimination in regards to meetings, events, activities, and access to the provision of services or infrastructure provided by the City of Auburn to persons with disabilities should be direct to the City of Auburn ADA Coordinator, PO Box 506, Auburn, IN 46706. The initial contact with the ADA Coordinator may be written or verbal. The ADA Coordinator will provide the requested information, make arrangement for requested accommodation, and respond to the issue or complaint that was the reason for the initial contact by the complainant.

## **99.03 ADA GRIEVANCE FORMS**

If the response by the ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may file a written complaint on the City of Auburn, Indiana ADA Grievance Form available in the City of Auburn's Clerk/Treasurer's Office located in City Hall at 210 East Ninth Street, Auburn, IN 46706 or at the City of Auburn's Street Department office located at 101 Ensley Avenue, Auburn, IN 46706. The written complaint should be filed with the ADA Coordinator as soon as possible but no later than sixty (60) calendar days after the alleged ADA violation. Alternate means of filing the complaint, such as person interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

## **99.04 GRIEVANCE RESOLUTION**

Within fifteen (15) days after receipt of the written complaint, the ADA Coordinator and the ADA Coordination Committee will meet with the complainant to discuss the complaint and possible solutions. Within fifteen (15) calendar days of the meeting, the ADA Coordinator or his/her designee will respond on behalf of the Committee in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the ADA Coordination Committee on behalf of the City and offer substantive resolution of the complaint.

## **99.05 GRIEVANCE APPEAL**

If the response of the ADA Coordination Committee still does not resolve the complaint, the complainant and/or his/her designee may appeal the Committee decision to the Auburn Board of Public Works and Safety within thirty (30) calendar days after receipt of the ADA Coordination Committee's response. Within thirty-one (31) days after receipt of the appeal, the Board of Public Works and Safety will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) days after the meeting, the Board of Public Works and Safety will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

## **99.06 RECORD RETENTION**

All written complaints received by the ADA Coordinator, the ADA Coordination Committee, and appeals to the Board of Public Works and Safety and the responses from these persons or groups will be retained by the City of Auburn for at least three (3) years.



CITY OF AUBURN, INDIANA ADA GRIEVANCE FORM

Name of Complainant: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile/Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Incident or Problem: \_\_\_\_\_

Description of Incident or Problem:

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

Please attach additional pages if needed.

This Grievance Form should be submitted by the grievant and/or his/her designee as soon as possible but no later than sixty (60) calendar days after the date of the alleged violation to the City of Auburn ADA Coordinator:

William (Bill) L. Brandon, Street Superintendent and ADA Coordinator  
City of Auburn, Indiana  
PO Box 506  
101 Ensley Avenue  
Auburn, IN 46706  
Telephone: 260.925.6455 ext. 2101  
Fax: 260.920.3351  
Email: [wlbrandon@ci.auburn.in.us](mailto:wlbrandon@ci.auburn.in.us)