

City of Santa Fe ADA Policy and Grievance Procedure

ADA Policy

In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA) of 1990, and other applicable codes, the City of Santa Fe will not discriminate against individuals on the basis of disability in its services, programs or activities.

Employment:

The City of Santa Fe will not discriminate on the basis of disability in its hiring or employment practices, as well as ADA Title I including the regulations promulgated by the Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication:

The City of Santa Fe will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities, including sign language interpreters, documents in Braille and other ways of making information and communication accessible to people who have speech, hearing or vision impairments so they can participate equally in the City programs, services and activities.

Modification to Policies and Procedures:

The City of Santa Fe will make reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services and activities to the maximum extent feasible. For example, individuals with service animals behaving within applicable standards are welcome in City offices and facilities, even when pets are generally prohibited.

Anyone who requires auxiliary aides and services for effective communication, or a modification of policies or procedures to participate in a program, service or activity of the City of Santa Fe should communicate with the Department contact as soon as possible, but no later than 48 hours before the scheduled event.

Neither the ADA, nor state laws require the City of Santa Fe to take action that would fundamentally alter the nature of its programs, activities or services or impose an undue financial or administrative burden. Complaints that a program, activity or service of the City of Santa Fe is not accessible should be directed to Thomas M. Graham, ADA Coordinator (505) 955-6654 or tmgraham@santafenm.gov

The City of Santa Fe will not place a surcharge on a particular individual with a disability or a group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modification of policy to create access.

City of Santa Fe ADA Grievance Procedure

This grievance procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). If you or someone else has a disability and has requested but not received reasonable accommodations, or has experienced discrimination or other violations of the ADA in the City of Santa Fe, in regards to services, activities, programs, or benefits, you may file a grievance with the ADA Coordinator.

1) Filing a Grievance

You may file a grievance for yourself, as a witness, or on behalf of someone else. The grievance should be in writing and contain information about the alleged discrimination such as:

1. The name, address, phone number, and email of the person filing the grievance, and, if you are filing on behalf of someone else, the name and contact information of the person who experience the alleged discrimination.
2. If you are a witness and do not know the information of the individuals involved, please state that in your letter.
3. A detailed description of the alleged violation including the date, location, and persons responsible for the alleged violation.
4. Please state what you think should be done to resolve the grievance.
5. Please state if you have filed a complaint with another local, state, or federal civil rights agency.
6. And if so, please provide details regarding the date the complaint was filed with the other agency, the case number, as well as the name and phone number of the person assigned to that case.

You must submit your grievance within sixty (60) calendar days of the alleged violation.

To assist in this process you may instead choose to fill out the provided accessible format ADA Grievance Form **(DOC) (PDF)**. Alternative means of filing a grievance, such as in-person or phone interviews or tape recording the grievance are available to persons with disabilities upon request.

The grievance 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 alleged violation to:

Thomas M. Graham
ADA Coordinator
P.O. Box 909
Santa Fe, New Mexico 87504-0909
Telephone: (505) 955-6654
Fax: (505) 955-2020
E-Mail: tmgraham@santafenm.gov

2) Investigation and Response

Within fifteen (15) calendar days after receipt of the grievance, the ADA Coordinator or the Designee will schedule a meeting with the grievant to discuss the grievance and possible resolutions. After an investigation and review, the ADA Coordinator will respond in writing, and where appropriate, in a

format accessible to the grievant. The response will explain his/her position on the issue and offer options for substantive resolution of the grievance.

3) Appealing a Decision

If the response by ADA Coordinator does not satisfactorily resolve the issue, the grievant and/or his/her designee may appeal the decision within fifteen (15) calendar days after receipt of the response to the City Manager.

Contact information for the Santa Fe City Manager:

http://www.santafenm.gov/city_manager

After receiving the appeal, the City Manager or the designee will review the appeal and the ADA Coordinator finding. Within a reasonable period of thirty (30) calendar days, after a review, the City Manager or the designee will respond in writing, and, where appropriate in a format that is accessible to the grievant, with a final resolution to the grievance.

4) Alternate Ways to Appeal or Grievance

You have a right to file an appeal or grievance with a state or federal agency, such as the Department of Justice, The Office for Civil Rights, etc. at any time. For example, if you are unsatisfied with the City's final resolution, or if you prefer to file with state or federal agencies, you may do so. Furthermore, filing of a lawsuit in a state or federal district court can occur at any time. The use of the Santa Fe City ADA Grievance Procedure in order to resolve your grievance is not required in order to file with state or federal agencies.

5) Prohibition of Retaliatory Acts

Retaliation for filing a grievance will not be tolerated. It is prohibited to retaliate against anyone who engages in activities that are protected under the ADA. This includes a prohibition of retaliation against anyone who is involved with an investigation of a grievance, a witness, anyone who files a grievance, or who files a grievance on behalf of anyone. If retaliation is believed to have occurred, it should be reported to the ADA Coordinator, local offices for civil rights, and/or the Department of Justice immediately.

6) Record-keeping

A record of the formal action taken to a formal complaint will be kept by the ADA Coordinator for a minimum of three (3) years, and maintained as part of the records or official minutes at each level of the grievance process. The ADA Coordinator will also report on the status of grievances to the Mayor's Committee on Disability.

If you have any questions, or would like additional information, please contact:

Thomas M. Graham
ADA Coordinator
P.O. Box 909
Santa Fe, NM 87504-0909
Phone: (505) 955-6654
Fax: (505) 955-2020
e-mail: tmgraham@santafenm.gov

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**City of Santa Fe
ADA Grievance/Complaint Form**

Date: _____

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email Address: _____

Check Applicable:

I am filing as a witness, my name is: _____

I am filing on behalf of another person, my name is: _____

Address of person filing grievance, if different: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email Address: _____

Do you have a preferred way to be contacted? (Phone, e-mail, mail, etc.):

Date the discrimination occurred: _____

Who committed the alleged discrimination? _____

Please specify the location of the discrimination, if applicable: _____

Please provide a detailed description of the complaint/grievance. Please use another sheet, if needed: _____

What do you think should be done to resolve to this grievance?

Have you attempted to solve this grievance by other means? If so, please describe:

Has a grievance been filed with any other federal, state, or local agency regarding this discrimination?

yes No I prefer to not answer I don't know

If yes, who has been contacted: _____

Date the complaint was filed: _____

Name of contact person working on the complaint: _____

Phone number of contact person _____ Case # _____

This information is solely for follow-up purposes and will not affect the investigation of your grievance with the City of Santa Fe.

I certify that the above information is true to the best of my knowledge, and I am requesting an internal investigation by the City of Santa Fe ADA Coordinator.

Signature: _____ Date: _____

Upon request alternative format accommodations will be made. Please include a request for accommodations when you submit this form, or contact the ADA Coordinator for more information.

Please scan, fax, or mail this form to:

Thomas M. Graham
ADA Coordinator
P.O. Box 909
Santa Fe, New Mexico 87504-0909
Telephone: (505) 955-6654
Fax: (505) 955-2020
E-Mail: tmgraham@santafenm.gov

Date Received: _____

Form updated on 07-11-2019