

City of Belle Fourche, SD Grievance Procedure under The Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Belle Fourche. The City of Belle Fourche's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Steve Nafus
Assistant Engineer
511 6th Ave
Belle Fourche, SD 57717
snafus@bellefourche.org

Within 15 calendar days after receipt of the complaint, the ADA Contact or his designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Contact or his designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, or audio tape. The response will explain the position of the City of Belle Fourche and offer options for substantive resolution of the complaint.

If the response by the ADA Contact or his designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the City of Belle Fourche Common Council.

Within 15 calendar days after receipt of the appeal, the City of Belle Fourche Common Council or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City of Belle Fourche Common Council or their designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA Contact or his designee, appeals to the City of Belle Fourche Common Council or their designee, and responses from these two offices will be retained by the ADA Contact for at least three years.



**City of Belle Fourche
ADA Grievance Complaint Form**

Complete Section A and send to:

**ADA Contact
511 6th Ave
Belle Fourche, SD 57717**

Section A	Section B (Filled out by ADA Contact)
Date:	Date Received:
Name of Complainant	ADA Code Reference
Address of Complainant	Suggested Solution
Phone number:	
Location of Complaint	
	Section C (Resolution Process)
Description of Complaint	Meeting Date with Complainant:
	Resolution reached: YES NO
	Date of Appeal:
	Appeal Reached: YES NO

ADA Contact Signature: _____

Date: _____

Complainant Signature: _____

Date: _____

Council Rep. Signature: _____

Date: _____