

## **Grievance Procedure**

### **Town of Burns Harbor 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 Town of Burns Harbor. The Town'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:

**Toni Biancardi, Councilperson**  
**ADA Coordinator Town of Burns Harbor**  
1240 North Boo Road Burns Harbor, IN 46304  
219.787.9413

Within 15 calendar days after receipt of the complaint, **Toni Biancardi** or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, **Toni Biancardi** or their designee will respond 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 Town of Burns Harbor and offer options for substantive resolution of the complaint.

If the response by **Toni Biancardi** or their 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 President, Town Council or their designee.

Within 15 calendar days after receipt of the appeal, the **President, Town Council** or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the **President, Town 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 Toni Biancardi or their designee, appeals to the President, Town Council or their designee, and responses from these two offices will be retained by the Town of Burns Harbor for at least three years.

**Complaint Form**

**ADA Grievance Complaint Form**

Town of Burns Harbor, IN

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

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

City, State, Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Business): \_\_\_\_\_

Person Discriminated Against (if other than the complainant):  
\_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Business): \_\_\_\_\_

Government, or organization, or institution which you believe has discriminated:

Name: \_\_\_\_\_

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

County: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

When did the discrimination occur? Date: \_\_\_\_\_

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have efforts been made to resolve this complaint through internal grievance procedure of the government, organization or institution?

Yes      No

If yes, what is the status of the grievance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

