

## Appendix F - ADA Grievance Procedure and Grievance Form

The procedure to file a complaint or grievance under the Americans with Disabilities Act is as follows:

1. ADA related issues should first be reported to the City by contacting City Hall and requesting action be taken to resolve an accessibility barrier.
2. The City will attempt to resolve complaints by using informal resolution procedures at the appropriate staff level. A staff representative and/or the ADA Coordinator will communicate with the grievant to discuss possible solutions to the reported concerns.
3. Should informal complaint resolution attempts fail, a formal written grievance may be filed by the grievant in one of two ways. First, the grievant may complete the online form on the City website, at <https://www.chesterfield.mo.us/ada-grievance-form.html>. Or, the grievant may complete an ADA Grievance Form which is included in this report. The grievant may also obtain a form from the Office of the City Clerk. A formal written grievance must be filed within 180 calendar days of an alleged violation and must contain the following:
  - The name, mailing address, telephone number, and e-mail address of the person filing the grievance.
  - The name, mailing address, telephone number, and e-mail address of the person alleging ADA violation, if other than the person filing the grievance.
  - A description, date, and location of the alleged violation and the remedy or relief which is requested.
  - Information regarding whether a complaint has been filed with the Department of Justice or other federal or state civil rights agency or court.
4. The ADA Coordinator will review and provide a written response to a formal written grievance by certified mail within fourteen (14) calendar days of the grievance filing date. The written response will include any proposed resolutions and notice of the grievant's right to appeal. If the grievance does not concern a Chesterfield facility, it will be forwarded to the appropriate agency and the grievant will be notified.
5. If the grievant is not satisfied with the written response from the ADA Coordinator, the grievant may request an appeal. Such request must be in writing and filed with the Office of the City Clerk within fourteen (14) calendar days of the mailing date of the ADA Coordinator's written response.
6. Appeals will be considered by the City Administrator who will issue a formal response within 30 days of receipt of the appeal.
7. Grievance files will be retained for ten years.

City of Chesterfield  
ADA Grievance Form

Instructions:

1. Fill out both pages of this form. Print clearly in blue or black ink.
  2. Sign the form at the bottom of the second page.
- OR-
3. This form may also be completed online from the City website at:  
<https://www.chesterfield.mo.us/ada-grievance-form.html>

Grievant's Name: \_\_\_\_\_

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

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

Phone Numbers: Home (     ) \_\_\_\_\_ - \_\_\_\_\_     Cell: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Person or persons affected by the violation allegation, if different from Grievant:

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

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

\_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Location of Alleged Violation: \_\_\_\_\_

Date of Alleged Violation: \_\_\_\_\_

Description of Alleged Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Remedy or Relief which is requested:

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Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?

No\_\_\_\_\_ Yes\_\_\_\_\_

If yes: Agency or Court:

Contact Person:

Address:

City, State, and Zip Code:

Telephone Number:

Date Filed:

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

Return this form to:

City of Chesterfield  
Office of the City Clerk  
690 Chesterfield Pkwy West  
Chesterfield, MO 63017  
-OR-

E-mail: [cityclerk@chesterfield.mo.us](mailto:cityclerk@chesterfield.mo.us)