



ADA POLICY

Policy Statement

It is the policy of the City of Meridian that no qualified individual with a disability shall, solely on the basis of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any of its programs, services, or activities as provided by **Section 504 of the Rehabilitation Act of 1973** and the Americans with Disabilities Act of 1990 (ADA). It is further the policy of the City of Meridian that all reasonable efforts will be made to provide nondiscrimination in all of its programs and activities regardless of the funding source.

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, known as 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 Meridian, MS. The City of Meridian's Personnel Policy governs all 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. A complaint form is available under the "Resources" area below. 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 designee as soon as possible, but no later than 30 calendar days after the alleged violation.

Within 15 calendar days after receipt of the complaint, the City of Meridian's ADA Coordinator will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting the ADA Coordinator will respond in writing and where appropriate, in a format accessible to the complainant. The response will explain the position of the City of Meridian and offer options for substantive resolution of the complaint.

If the response does not satisfactorily resolve the issue, the grievant and/or designee may appeal the decision in writing within 15 calendar days after receipt of the response to the Mayor of the City of Meridian.

Within 15 calendar days after receipt of the appeal, the Mayor will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Mayor will respond in writing and where appropriate, in a format accessible to the complainant.

Responses from these two city offices will be retained by the City of Meridian, MS, for at least three years.

**Mail or Hand Deliver your completed form to:
City of Meridian
ADA Coordinator/EOO
601 23rd Avenue
Meridian, MS 39302**

Americans with Disabilities Act Claim/Assistance Form

This form may be used by non-city employees to file a claim with the City of Meridian ADA Coordinator based on violations of Title II of the Americans with Disability Act and Section 504 of the Rehabilitation Act of 1973. You are not required to use this form, a letter that provides the same information may be submitted to file your claim.

Name: _____ **Date:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Individual(s) involved in claim, if different than above (use additional pages if needed).

Name: _____ **Date:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Please explain your relationship with the individual(s) indicated above:

Name of City of Meridian Department or program involved in claim:

Name(s) of individual(s) and/or position title (if known) that involved in the claim:

Date(s) of alleged claim: _____

Date claim began: _____

Last or most recent date of claim: _____

Please explain in the space provided what happened. Describe the acts which form the basis of the claim and provide name(s) of witnesses and others involved in the alleged claim. Attach additional sheets if necessary and provide written documents pertaining to the incident if available.

What change do you wish to see that would be helpful in resolving the problem you encountered: _____

Signature: _____

Date: _____