



Americans with Disabilities Act

Request for Disability Accommodations

Program Area/Facility OR Activity: _____

SECTION I: Participant

Name: _____ Phone Number: _____

Date of Request: ____/____/____ Date of Event: ____/____/____
(month) (day) (year) (month) (day) (year)

My disability impairs my ability to fully participate in the program/activity in the following way:

The reasonable accommodation I am requesting is:

I understand that my request will be reviewed and that I may be requested to provide additional information regarding my disability, if needed, before my accommodation may be processed.

I further understand that I will be given information on appealing an accommodation decision, if I request it.

Signature: _____ Date: _____

SECTION II: City of Surprise

Accommodation Request is: ____ Approved ____ Denied ____ Modified
If the request is modified, describe modification and rationale. If denied, give rationale (attach additional pages, if necessary)

Name of person(s) making decision: _____

Cost of Accommodation: \$ _____ Estimate \$ _____ Actual

Signature: _____ **Date:** _____

Notes _____

DISTRIBUTION AFTER COMPLETION:

Original –ADA Coordinator Copy 1 – Service Area Copy 2 – Participant

Grievance Form

Please help the City identify barriers to accessibility in its facilities, programs/services/activities, and/or streets/traffic for persons with disabilities such as:

Select the concern you would like to report:

- Inside Facility: restrooms, doors, counters, paths of travel, elevators, and drinking fountains;
- Outside Facility: curb ramps, slopes, curb cuts, sidewalks, parking, paths of travel, and handrails;
- Streets/Traffic: right-of-way, pedestrian crossing signals, pedestrian crosswalks;
- Programs/Services/Activities: service animals, classes, meetings, voting, payments, communication, participation, etc.

Name of City of Surprise Facility, Program/Services/Activities and/or Street/Traffic:

Specific Location:

Description of Problem:

Your Name: _____ Phone: _____

Address: _____

Email: _____ Date: _____

Send this ADA Grievance form electronically to Lynda.Davis@surpriseaz.gov
Or by mail to the address below

City of Surprise-HR Department 16000 N. Civic Center Plaza Surprise, AZ 85374
(623) 222-3542 • Fax (623) 222-3501 • TTY (623) 222-3503
www.surpriseaz.gov/disabilityinfo





Grievance Procedure

CITY OF SURPRISE, ARIZONA

AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE PROCEDURE

The City of Surprise has developed the following internal grievance procedure to assure compliance with the Americans with Disabilities Act and to resolve concerns and complaints at an early stage. This procedure may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and policies or the provision of services, activities, programs or benefits. Use of this procedure does not affect other rights and remedies that may be available under federal and state statutes prohibiting discrimination on the basis of disability.

1. Any complaint or report of discrimination should be made in writing and contain information about the alleged discrimination such as name, address, telephone number of complainant and location, date, and description of the problem.
2. The complaint should be submitted by the complainant and/or designee as soon as possible but no later than 60 calendar days after the alleged violation. The complaint should be directed Michael Mason, Sr. Risk Consultant/ADA Coordinator:

Lynda Davis, ADA Coordinator
16000 N. Civic Center Plaza
Surprise, AZ 85374

3. All complaints of discrimination on the basis of disability shall be promptly and thoroughly investigated by the ADA Coordinator.
4. Within 15 calendar days of receipt of the complaint or report, the ADA Coordinator will meet with the complainant to discuss the complaint and possible resolutions.
5. Within 15 calendar days after the meeting, the ADA Coordinator will produce a written determination of the results of the investigation. A copy of the written determination will be provided to the complainant along with possible resolutions.
6. If the response does not satisfactorily resolve the issue, the complainant or the complainant's representative may appeal the ADA Coordinator's decision to the City Manager or designee within 15 calendar days after receiving the response.
7. Within 15 calendar days after receipt of the appeal, the City Manager or designee will meet with the complainant to discuss the complaint and possible resolutions.
8. Within 15 calendar days after the meeting, the City Manager or designee will respond in writing with a final resolution of the complaint. A copy of the final resolution will be provided to the complainant.

9. The ADA Coordinator shall maintain the files and records relating to complaints of discrimination on the basis of disability for a period of three years. Such documents shall be maintained as confidential records.
 10. The ADA Coordinator will ensure accessibility during the complaint process, including provision of sign language interpreters and print data access (such as large print, Braille, or audio tape).
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