

City of Tacoma Grievance Procedure under The Americans with Disabilities Act

If you wish to file a complaint alleging discrimination on the basis of disability in the provisions of services, activities, programs, or benefits by the City of Tacoma, please see the following instructions. This grievance procedure may be used by anyone (other than City of Tacoma employees).

You may submit your grievance in writing or contact us by phone. Information should include a description of the alleged discrimination such as the location, date, and details of the problem. In addition, if you would like to be contacted, please include your name and contact information.

Please submit your complaint to the City of Tacoma's ADA Coordinator at:

Human Rights and Human Services Department
747 Market Street, Room 836
Tacoma, WA 98402
253-591-5785 (fax-253.591.5050) (TTY-253.591.5153)

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or his/her designee will contact you or your representative to discuss the complaint. The ADA Coordinator will provide a determination in writing or by phone as soon as practicable, depending on the complexity of the issue. The determination will explain the City of Tacoma's position and offer resolution of the complaint. If the response does not satisfactorily resolve the issue, you will have 15 calendar days after receipt of the response to file an appeal. The appeal should be made in writing or by phone to the Director of Human Rights and Human Services at the City of Tacoma, 747 Market Street, Room 836, Tacoma, WA 98402 or by phone: 253-591-5151, TTY- 253-591-5153.



To request an alternate means of filing a complaint or to receive this information in an alternative format, please contact the City of Tacoma's ADA Coordinator at 253-591-5785 or TTY- 253-591-5153

City of Tacoma - ADA Complaint / Grievance Form

Grievant:

Person Preparing Complaint
(if different from Grievant):

Relationship to Grievant
(if different from Grievant):

Contact Person

Street Address & Apt. No.:

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-mail: _____

Circle or bold preferred Method of Contact (US Mail, telephone, e-mail, other)

please do not contact me personally (see contact-person information above).

Please specify any location(s) related to the complaint or grievance (if applicable):

Please provide a complete description of the specific complaint or grievance:

Please state what you think should be done to resolve the complaint or grievance:

Please attach additional pages as needed.

Signature: _____

Date: _____

Return to: City of Tacoma, ADA Coordinator, 747 Market Street, Room 836, Tacoma, Washington 98402.



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