



**TOWN OF EAST HARTFORD
ADA COMPLAINT FOR PATRONS AND VISITORS**

Date of Incident:

Person Completing Form (circle one):

Complainant

Authorized Representative

Name: _____
Phone Number: _____
Email: _____
Mailing Address _____

Alleged Violation

Describe the circumstances that prompted your specific ADA complaint. Please be specific and provide details. (Attach additional pages if necessary.)

Requested Action

Please describe the accommodation or request that would help to provide you with greater access to our facilities, programs or services.

Signature

Today's Date



TOWN OF EAST HARTFORD 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 East Hartford.

The complaint should be in writing, contain the name, address and phone number of the person filing it, and briefly describe the alleged violation including the location, date of the incident, the complaint filing date, and a 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 filed within sixty (60) calendar days after the alleged violation with the Town of East Hartford’s ADA Coordinator:

Tyron Harris
Human Resources Director and ADA Coordinator
Town of East Hartford
740 Main Street
East Hartford, CT 06108
(860) 291-7222
THarris@easthartfordct.gov

Within fifteen (15) calendar days after receipt of the complaint, the ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. A determination as to the validity of the complaint and a description of the resolution, if any, shall be issued and forwarded to the complainant in writing and, where appropriate, in a format accessible to the complainant, no later than fifteen (15) calendar days of the meeting.

If the response by the ADA Coordinator or his designee does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to the Mayor or his designee.

Within fifteen (15) calendar days after receipt of the appeal, the Mayor or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the Mayor or his 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 the ADA Coordinator or his/her designee, appeals to the Mayor or his designee, and responses from these two offices will be retained by the Town of East Hartford for at least three (3) years.