

TOWN OF MENDON, MASSACHUSETTS
AMERICANS WITH DISABILITIES ACT
GRIEVANCE PROCEDURE

Section 1: In accordance with the Americans with Disabilities Act (ADA), The Town of Mendon may not discriminate on the basis of disability against any qualified individual with a disability in the services, programs or activities it provides, in accessibility to public meetings and in its employment practices.

Section 2: In the event that a person with a disability believes he/she has been discriminated against, a complaint may be filed, using the following format:

1. Complaint shall be in writing, signed by the Complainant or an authorized representative.
2. Complainant shall include Complainant's name, address and telephone, or alternative method of contact.
3. Complaint shall identify the Town Department, employee, officer or agency committing the alleged discriminatory action.
4. Complaint shall describe, in detail, the alleged discriminatory action.

Section 3: The Complaint shall be submitted, within thirty (30) days of the alleged discriminatory action, or knowledge thereof, to the appropriate ADA Coordinator:

Town of Mendon – Board of Selectmen's Office
Attn: ADA Coordinator
20 Main Street
Mendon, MA 01756

Section 4: The designated Coordinator shall investigate the Complaint and meet with the appropriate board, official or employee(s), to resolve the Complaint. Within seven (7) days after such meeting, the Coordinator shall inform the complainant of the resolution.

Section 5: Nothing in this Grievance Procedure shall preclude the Complainant from filing a complaint with: any appropriate state or federal agencies, or by the filing of a lawsuit in Federal Court.