



City of Belleville Grievance Procedures Under The Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the American 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 City of Belleville. The City's Personnel Policy governs 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. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Shelly Schaefer, City Clerk
101 S. Illinois Street,
Belleville, IL 62220
Phone: 618-355-8627
Email: sschaefer@belleville.net

Within 15 calendar days after receipt of the complaint, City Clerk or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, City Clerk or his/her designee will respond in writing, and where reasonable accommodations are requested, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of Belleville and offer options for substantive resolution of the complaint.

If the response by the City Clerk or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the Mayor or his/her designee.

Within 15 calendar days after receipt of the appeal, the Mayor or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Mayor or his/her 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 City Clerk or his/her designee, appeals to the Mayor or his/her designee, and responses from these two offices will be retained by the City of Belleville for at least three years.



City of Belleville
ADA Grievance Form

Name: _____ Date of Occurrence: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Please provide a complete description of your grievance:

Three horizontal lines for describing the grievance.

Please specify the location of your grievance:

Three horizontal lines for specifying the location of the grievance.

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

Three horizontal lines for stating the resolution.

Please attach additional pages or photo(s) as needed.

Signature: _____ Date: _____

Please return to: Shelly Schaefer, City Clerk; 101 S. Illinois Street, Belleville, IL 62220
Phone: 618-355-8627
Email: sschaefer@belleville.net

Upon request, reasonable accommodations will be provided in completing this form.

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