

CITY OF OPELIKA  
AMERICANS WITH DISABILITIES ACT  
GRIEVANCE PROCEDURE

It is the policy of the City of Opelika to fully support and comply with the Americans with Disabilities Act (ADA).

In keeping with this, the City of Opelika has the following procedures in place to ensure that Opelika citizens, employees of the City of Opelika, and the general public have the opportunity to voice their comments, complaints, and/or a request for reasonable accommodations.

1. The City of Opelika has a designated ADA Coordinator to facilitate the investigation of any complaint or grievance filed with the City of Opelika involving the Americans with Disability Act.
2. All complaints or grievances submitted to the City of Opelika must be in writing on the designated form and contain specific information about the alleged violation or discrimination including: name; address; telephone number of the complainant; and the location, date, and a complete description of the problem. Anonymous complaints or grievances will not be accepted. Complaints or grievances will be kept confidential to the greatest extent possible, unless ordered released by a court of competent jurisdiction. Alternative means of filing complaints or grievances may be accepted at the discretion of the ADA Coordinator. These may be submitted by telephone, e-mail (confidentiality cannot be assured), letter, personal interview, or tape recording, upon request. However, all complaints or grievances must provide all the information required consistent with the format of the official complaint form.
3. An individual who wishes to file an ADA complaint or grievance must submit their comments in writing to the attention of the ADA Coordinator, who may be contacted at P.O. Box 390, Opelika, AL, 36803-0390, or at [ADA@opelika-al.gov](mailto:ADA@opelika-al.gov). As a required accommodation, a telephonic submitted complaint or grievance may be filed by calling (334) 705-2083.
4. The designated ADA Formal Grievance Form is as follows:

City of Opelika  
ADA Coordinator  
P.O. Box 390  
Opelika, AL 36803-0390  
(334) 705-2083  
[ADA@opelika-al.gov](mailto:ADA@opelika-al.gov)

**ADA Formal Written Grievance Form**

Please print legibly.

Reporting Individual: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

If person needing accommodation is not the individual completing this form, please complete below:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Program/Facility to be Inaccessible or where the discrimination took place: \_\_\_\_\_

When did the situation occur (date)? \_\_\_\_\_

Describe the situation or way in which the program is not accessible, providing the name(s) where possible of the individuals who were involved in the situation, and any documentation or photographs supporting the incident: \_\_\_\_\_

Were efforts made to resolve the complaint through an informal request for accommodation at the time of the inaccessibility or discrimination? Yes No  
If yes, what were the results? \_\_\_\_\_

How do you suggest this issue be remedied? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ADA Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

5. All complaints or grievances will be handled in the following matter:

Within 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. Within 15 calendar days of the meeting, the ADA Coordinator or his/her designee will respond in writing, and where appropriate, 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 Opelika and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator 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 City Administrator or his/her designee.

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

6. Every reasonable attempt will be made by the City of Opelika to remedy the disability complaints or grievances in a timely manner subject to staff and budget constraints.

7. If any ADA complaint or grievance resides under the jurisdiction of another public entity, the complainant will be notified that the City of Opelika lacks jurisdiction and will be referred to the appropriate jurisdiction.