



## GILA VALLEY CONSOLIDATED MUNICIPAL COURT (SAFFORD – THATCHER -PIMA)

702 S. 8<sup>TH</sup> AVENUE – SAFFORD, AZ 85546 – Phone: (928) 432-4090

# ADA GRIEVANCE INSTRUCTIONS

### Filing a Grievance

Any qualified individual with a disability who believes that he or she has been treated by the Court system in a discriminatory manner because of a disability may file a complaint with the ADA Coordinator/Court Administrator. Complaints must be filed in writing, using the attached Grievance Form, within sixty (60) days from the alleged discrimination. The completed Grievance Form should be submitted to the ADA Coordinator at the contact information listed on the form. Any individual who requires assistance in filling out the Grievance Form may contact the ADA Coordinator. Alternative means of submitting a complaint, such as by personal interview, will be made available to qualified individuals with disabilities upon request.

The grievance will be addressed through the ADA Coordinator, who will investigate it or forward it to an individual designated to investigate ADA complaints. The findings will be presented to the Judge or his/her designee for determination.

In order to provide the judge or his/her designee with sufficient information, the Grievance Form asks the grievant to describe the event as specifically as possible. The grievant should include the names of anyone who can assist in the investigation, a copy of any papers that relate to the complaint or that may be of help in understanding the complaint. The grievant should send copies of the documents and keep the originals for their files.

Within two weeks of receiving the Grievance Form, the ADA Coordinator will send a letter to the grievant acknowledging receipt of the grievance.

### Investigation

Grievances will be investigated promptly, unless you are notified otherwise. In some cases, the investigation will include interviews with other individuals, including those named in the Grievance Form, and an examination of relevant document and files.

### Finding and Determination

Within 45 days of the receipt of the Grievance Form by the ADA Coordinator, a determination should be issued by the Judge or his /her designee. Copies of the determination will be sent to the grievant and to anyone against whom allegations have been made. The determination will include, if appropriate, a remedy. For example, if it is determined that the grievant was treated in a discriminatory manner, possible remedies may include a change in policy or local practices, or appropriate disciplinary action.



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### **Appeal**

If the grievant disagrees with the determination, an appeal must be filed within 30 days of the date of the determination by submitting a letter for reconsideration (“appeal letter”) to the Judge or his/her designee of the Court’s. The appeal letter should be mailed to the ADA Coordinator. The appeal letter should set out the reasons for disagreement with the determination and the remedy the grievant believes is appropriate. The Judge or his/her designee should make a final determination within 30 days of the date the appeal was received, based upon a complete review of the evidence. Copies of the final determination will be sent to the grievant and to anyone against whom the allegations were made. The final determination may confirm, modify, reverse the earlier determination, or modify the remedy.

### **Implementation**

The Judge or his/her designee has the responsibility for implementing the final determination. Any questions about implementation, should be directed to the ADA Coordinator.

### **Time Limits**

All the offices involved in the resolution of complaints through this grievance process will try to comply with the stated time limits. However, strict compliance is not always possible due to factors such as the absence of important witnesses, the need for additional information from the grievant, or the need for complex investigation. Whenever possible, the grievant will be notified of any delay and the reason for the delay.



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# ADA GRIEVANCE FORM

## Complainant Information

Applicant name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Address City State Zip*

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

Email: \_\_\_\_\_

## Complete the Following:

Nature of Disability: \_\_\_\_\_

Locate of Alleged Discrimination: \_\_\_\_\_

Date of Alleged Discrimination: \_\_\_\_\_

Time of Alleged Discrimination: \_\_\_\_\_

Please describe the particular way in which you believe you have been denied the benefit, service, program, or activity of the Court, or have otherwise been subject to discrimination by Court staff as a person with a disability.

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Please state, if known, the names or positions of any Court employees involved in the incident, as well as names, street addresses, email addresses and telephone numbers of any witnesses to any such incident, if applicable.

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