

TOWN OF CULPEPER GOVERNMENT COMPLAINT PROCEDURE UNDER THE AMERICAN WITH DISABILITIES ACT

The Town of Culpeper has established the following complaint procedure providing for prompt and equitable resolution of complaints alleging any violation of the American with Disabilities Act (ADA). This procedure may be used by anyone who wishes to file a complaint alleging discrimination based upon disability in the Town's provision of services, activities, programs, or benefits. The Town's Personnel Policies cover employment-related complaints of discrimination. Complaints involving employment issues will be referred to the appropriate Town department for review and investigation in accordance with the Personnel Policies.

If your complaint refers to allegations of discrimination based on age, sex, race, religion, national origin, color, and political affiliation you may file a Citizen Complaint Form for Allegations of Discrimination by contacting staff from the Human Resources Department at the number below.

Address Complaints To:

Town of Culpeper
ADA Coordinator
Human Resources Department
400 S. Main Street, Suite 300
Culpeper, VA 22701
(540) 829-8290 (phone)
(540) 829-8295 (fax)

HR@culpeperva.gov

1. A complaint should be filed in writing, contain the name, and address, telephone number(s), and if possible, email address of the person filing it (i.e. the complainant), a brief description of the alleged violation, including when and where it occurred, and any request for reasonable accommodation required by the complainant for the duration of the complaint process (e.g. correspondence in alternate formats; sign language interpreters). For persons with disabilities, assistance in completing the complaint is available. Call (540) 829-8290 on any Town workday between the hours of 8:00 a.m. and 5:00 p.m. or email HR@culpeperva.gov. (A copy of a complaint form has been attached for your use.)
2. A complaint should be filed as soon as possible, but no later than 60 days after the complainant becomes aware of the alleged violation.

3. Upon receipt, the ADA Coordinator will provide the complainant with a complaint procedure in a format accessible to the complainant.
4. The ADA Coordinator will contact and/or meet with the complainant within 15 calendar days of receipt of the complaint to discuss the complaint and conduct whatever additional investigation of the complaint he or she determines to be necessary.
5. The ADA Coordinator will respond to the complaint in writing, or where appropriate, in a format accessible to the complainant, within 15 calendar days of meeting with the complainant. This response will explain the Town's position and options to resolve the complaint, when appropriate.
6. If the complainant objects to the response, then he or she may appeal to the ADA Coordinator within 15 calendar days after receiving the response. The ADA Coordinator's response becomes the Town's final determination respecting the complaint if the complainant does not so appeal.
7. Within 15 calendar days of receiving an appeal, the ADA Coordinator and/or Town Manager will contact and/or meet with the complainant to discuss the complainant's objections to the ADA Coordinator's initial response. If determined to be necessary, an additional investigation will be conducted.
8. Within 15 calendar days after meeting with the complainant, the ADA Coordinator and/or Town Manager will respond to the appeal in writing, or where appropriate in a format accessible to the complainant. This response will address each of the complainant's objections to the ADA Coordinator's initial response. This response is the Town's final determination respecting the complaint.
9. The ADA Coordinator will retain all documents relating to a complaint for three years after the date of the Town's final determination respecting the complaint.
10. Use of this complaint resolution procedure is not a prerequisite to the pursuit of other legal remedies. A complainant therefore has the right to file a complaint with the appropriate federal or state agency, including the U.S. Department of Justice, at anytime throughout this process, or if the Town's final determination is not to his or her satisfaction.

For information about the ADA and how to file a complaint with the U.S. Department of Justice, telephone 1-800-514-0301 (voice), 1-800-514-0383 (TTY), or go to the Internet site for the U.S. Department of Justice's Civil Rights Division.

11. This procedure shall be construed to protect the substantive rights of interested persons regarding due process and to ensure that the Town of Culpeper complies with laws, regulations and Town policies prohibiting disability discrimination.

For additional information about this complaint procedure and the ADA generally, please call (540) 829-8290 on any Town workday between the hours of 8:00 a.m. and 5:00 p.m. or email HR@culpeperva.gov. This complaint procedure can be provided in an alternative format upon request.

**TOWN OF CULPEPER GOVERNMENT
COMPLAINT FORM
UNDER THE AMERICAN WITH DISABILITIES ACT**

1. Enter information about yourself.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best time to Call You: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

E-mail Address: _____

Who else can we contact if we cannot reach you?

Contact's Name: _____ Contact's Phone: _____

Relationship to You: _____

2. Who was discriminated against?

____ Yourself

____ Someone else

(If the person discriminated against is 18 or older, we will need that person's signature before we can proceed with this complaint. Only the person harmed or their legal guardian can file a complaint.)

If someone other than yourself, please include:

Injured person's name: _____

Relationship to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

3. Department Information

Department Name: _____

Name of Person(s) who discriminated against you:

- 1. Name: _____ Position/Title: _____
- 2. Name: _____ Position/Title: _____
- 3. Name: _____ Position/Title: _____

4. In the space provided below, please briefly describe each discriminatory action separately. For each action, you need to provide the following information:

- a. Date(s) the discriminatory action occurred;
- b. Name(s) of the individual(s) who discriminated (include position, title);
- c. Location of alleged violation;
- d. What happened;
- e. Witnesses, (if any);
- f. Why you believe the discrimination was because of disability.

Do you have documents that you think will help us understand your complaint? (If yes, you will be contacted with instructions for submitting this information. Do not send original documents.)

____ Yes ____ No

5. What solution are you seeking?
