

# RESOLUTION

## ACCESSIBILITY GRIEVANCE COMMITTEE RULES OF PROCEDURE

### I. GENERAL PROVISIONS

- A. **Policy:** The Accessibility Grievance Committee was created by the City Council to provide prompt and equitable resolution of complaints alleging unlawful discrimination by the City on the basis of disability.
- B. **Definitions:** Unless specifically defined herein, all terms are to be given their ordinary and usual meaning.
- 1) **Committee:** The Accessibility Grievance Committee as formed by City Ordinance 8345 and codified in the El Paso Municipal Code, Chapter 2.84. The Accessibility Grievance Committee consists of members as stipulated by City Ordinance 8345. The Committee itself has no authority to overturn a decision of any City department, board, or official. It can only make recommendations to City Council, who can take or decline to take action.
  - 2) **Grievance:** Complaint alleging discrimination on the basis of disability by the City.
  - 3) **Complainant:** The individual who submits and signs the grievance, either on his own behalf or for an organization.

- 4) **Resolution:** A non-judicial, non-binding recommendation to be made by the Committee and presented to the City Council for their consideration and action.
  - 5) **Notice:** Written statement containing the time, date and location of hearing, or other proceedings, or copy of final recommendation of Committee to be presented before Council. All notices will be delivered by depositing in the U.S. mails.
- C. **Administration:** Proceedings of the Accessibility Grievance Committee will be conducted in accordance with all local, state and federal regulations, or the City Council's Rules of Procedure where the previous are silent.

## II. **INITIATION OF GRIEVANCE**

### A. **Grievance Form**

- 1) A grievance shall be submitted to the City's ADA and Accessibility Coordinator on the standard Grievance Form. The Grievance Form will be mailed upon request or is available at:
  - a) The City Clerk's Office, 2nd Floor, City Hall, 541-4531;
  - b) The Office of the Accessibility Coordinator, 3rd Floor, City Hall, 541-4243;
  - c) The Department of Community and Human Development, 9th Floor, City Hall, 541-4643;
  - d) The offices of DARE, 8929 Viscount, 591-0800;

- 2) The Grievance Form should be filled out completely and in as much detail as possible. You may attach the following, if applicable:
  - a) Statements from other parties,
  - b) Correspondence,
  - c) Documents, Minutes of Meetings,
  - d) Other appropriate information.

**B. Notice:**

- 1) Upon receipt of the Grievance Form by the ADA & Accessibility Coordinator, the Grievance will be logged in and assigned a Grievance Number. The Director, or her designee, will attempt, through informal means, to find a voluntary resolution of the grievance within 15 days, where possible. If there is no resolution, then the grievance will be presented to the whole committee. The Coordinator will determine if a special meeting of the Committee is required, or if the complaint can be heard at the next regular meeting.
- 2) Upon setting of an Accessibility Grievance Committee meeting date and time, all parties involved in the grievance will be given notice of the time, date and location of the proceedings.
- 3) Notice, bearing the time, date, and location of the hearing, will be sent to all parties named in the Grievance Form or determined to be a necessary or appropriate party by the departments involved, the

ADA and Accessibility Coordinator, the City Attorney's Office, or as requested by Committee members. Public notice will be made in accordance with the Texas Open Meetings Act.

C. **Meetings:**

Meetings of the Committee will be held annually, or as grievances are submitted, but no less than once in a year. If no grievances have been submitted, then the annual meeting will be held in August of each year. Special meetings or cancellations will be called by the Chairperson or the ADA and Accessibility Coordinator.

D. **Procedure:**

- 1) The Chairperson will preside over the hearing, and rule on all questions of hearing procedure. Parties may be represented by counsel at the hearing. The Chairperson may allow the parties to make statements, present evidence and call witnesses or other individuals on their behalf, and to question witnesses appearing at the hearing. The Committee members may call witnesses for clarification of technical matters or expert advice and may question witnesses and speakers. Strict rules of evidence and rules of judicial procedure will not be observed to allow for the consideration of any relevant information. The Committee members will weigh the credibility of all information accordingly. Basic standards of decorum will be recognized.

- 3) Oral statements need not be made. One or all of the parties may submit their case and any other documentary evidence in writing. One party may appear and present evidence where the other declines to do so.
- 4) The hearing may proceed in the absence of a party who, after notice, fails to appear. Parties who have a conflict with the hearing date or time must notify the Chairperson upon receipt of the notice.
- 5) The Committee may, by majority vote, elect to table or postpone action on a complaint if they believe more information is necessary for them to reach a determination.
- 6) The Committee, by majority vote of appointed members, will determine what recommendation to make to the City Council.

### III. WITHDRAWAL

The complainant may withdraw the complaint at any time by submitting a written statement of withdrawal to the ADA & Accessibility Coordinator.

### IV. RECOMMENDATIONS

- A. **Decision:** The Committee must reach a decision on recommendations to City Council no later than five (5) working days after the Hearing. The Chairperson will prepare a written statement of the Committee's recommendations. Such recommendation shall be placed on City Council agenda as soon as practicable and the parties to the Grievance shall be

notified, by certified mail, of the date City Council is scheduled to take action.

- B. **Scope:** The Committee may only recommend action to the City Council. The Committee itself can take no corrective or remedial action, it cannot overturn funding decisions, or decisions of a Council-appointed Board.
- C. **Delivery of the Committee Recommendations:** The Chairperson will draft, or will designate a member to draft, the Committee's recommendation. The recommendation will be signed by the Chairperson who will present it to City Council. The Chairperson shall also deliver a copy of the recommendation to all parties, either by mail or personal delivery.
- D. **Effect:** The recommendation is not a binding or enforceable decision of the City of El Paso or its agencies. It is the recommendation of the Accessibility Grievance Committee members. The decision of the City Council is binding, and there is not further appeal within the City.

ADOPTED this 27<sup>th</sup> day of November, 1994.

ATTEST:

Carole Hunter  
City Clerk

CITY OF EL PASO:

Jay J  
Mayor

APPROVED AS TO FORM:

Jim [Signature]  
Assistant City Attorney

APPROVED AS TO CONTENT:

Deborah G. Hamlyn  
Deborah G. Hamlyn, Director  
Community and Human Development



# ACCESSIBILITY GRIEVANCE COMMITTEE

## GRIEVANCE FORM

### 1. PERSON/ORGANIZATION SUBMITTING COMPLAINT:

NAME or ORGANIZATION: \_\_\_\_\_  
 TITLE (if organization): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/ STATE/ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

### 2. CITY DEPARTMENT COMPLAINT IS AGAINST:

NAME of CITY DEPARTMENT: \_\_\_\_\_  
 NAME/ TITLE (if known, department contact): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

### 3. DOCUMENTATION:

Is this grievance based on previous proceedings, complaints, board meetings?

Yes

No

If yes, attach copies of any documents.

### 4. DESCRIPTION OF ALLEGED DISCRIMINATION:

Please include dates, persons involved, and recommended solution:  
 (If necessary, you may continue writing on the back of this form.)

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### 5. ACKNOWLEDGMENT:

I certify all information is true and correct. I also certify that I have read this application and Grievance Committee procedures and fully understand all provisions therein. I agree that if any information given is false or misleading, the Accessibility and ADA Coordinator will have the right to reconsider the eligibility of this grievance. I understand this complaint form must be fully completed for its consideration.

X \_\_\_\_\_

Signature

\_\_\_\_\_

Date

### RETURN FORM TO:



City of El Paso  
 Office of Accessibility & ADA  
 Two Civic Center Plaza -3rd Floor  
 El Paso, Texas 79901-1196  
 (915) 541-4378 Voice or TDD

### FOR OFFICE USE ONLY:

Grievance Number: \_\_\_\_\_

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

Initials of Person Receive Complaint: \_\_\_\_\_

Action Taken:

Not Eligible

Voluntarily Resolved

Grievance Committee Hearing

