

Request for Accommodation(s)

The City of Surprise is committed to providing accessible services to all citizens. This commitment is consistent with the ADA, a federal civil rights law that protects qualified persons with disabilities from discrimination. Under the law, the City of Surprise must ensure that its programs, services and activities are readily accessible and usable by qualified persons with disabilities. As a public entity, the city will reasonably modify its policies, practices and procedures to ensure the full participation of everyone. To request an accommodation, please complete this form.

| APPLICANT / CITIZEN INFORMATION | |
|--|-------------------------|
| Name (<i>First, MI, Last</i>) | Phone Number |
| Address (<i>Street, City, Zip Code</i>) | E-mail |
| PROGRAM / ACTIVITY DETAILS | |
| Please identify event/activity: | |
| Location: | Date of event/activity: |
| Explain what limitation(s) is interfering with your ability to participate in the event/activity: | |
| What accommodation are you requesting? Provide additional details that are useful in considering your request: | |
| APPLICANT / CITIZEN ACKNOWLEDGMENT & SIGNATURE | |
| I understand that my accommodation request will be reviewed and that additional information regarding my disability may be requested. I further understand that I have the right to appeal an accommodation request decision if I am not satisfied with the outcome. | |
| _____ | _____ |
| Signature | Date Signed |

ADA Grievance Procedure

The City of Surprise has developed the following internal grievance procedure to ensure compliance with the ADA. This procedure may be used by any citizen who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and/or policy violations or the provision of city services, activities, programs or benefits. Use of this procedure does not impact other rights that may be available under federal and state statutes which cover prohibition of discrimination on the basis of disability.

- Any complaint or report of discrimination should be made in writing and contain information, as detailed as possible, about the alleged discrimination. Information should include the citizen's name, address, and telephone number of person making the initial complaint. Provide details on location, date, and description of the problem.
- The complaint should be submitted as soon as possible, but no later than 60 calendar days after the date in which the alleged violation occurred. The complaint should be directed to both:

Digger Oster, Sr. Risk Manager
Email: Digger.Oster@surpriseaz.gov
Phone: (623) 222-3531
Fax: (623) 222-3561

Ariana Reyna, HR Business Partner
Email: Ariana.Reyna@surpriseaz.gov
Phone: (623) 222-3543
Fax: (623) 222-3504

- Any discrimination complaint on the basis of disability shall be promptly and thoroughly investigated by the ADA Coordinator/city staff.
 - o Within 15 calendar days of receipt of the complaint or report, the ADA Coordinator/city staff will meet with the citizen to discuss the complaint and possible resolutions.
 - o Within 15 calendar days after the meeting, the ADA Coordinator/city staff will produce a written determination of the results of the investigation. A copy of the written determination will be provided to the citizen along with the final resolution.
 - o If the response does not satisfactorily resolve the issue, the citizen or the citizen's representative may appeal the city's decision to the City Manager or designee within 15 calendar days after receiving the final resolution response.

ADA Grievance Form

If you are a citizen who wishes to file a complaint alleging discrimination on the basis of disability, please complete this form and return via fax to (623) 222-3561 or via email to DAC@surpriseaz.gov or drop off in person at City Hall addressed to the Risk Department. If you need help completing this form, please call (623) 222-3543.

| APPLICANT / CITIZEN INFORMATION | | |
|--|-------------------|-----------------------|
| Name (First, MI, Last) | | Phone Number |
| Address (Street, City, Zip Code) | | E-mail |
| COMPLAINT INFORMATION | | |
| Please identify what caused the alleged incident on the basis of discrimination: | City employee | City facility |
| | City event | Accessibility Barrier |
| | Other: _____ | |
| | | |
| Location: | Date of incident: | |
| Please provide more details on the incident or barrier: | | |
| Please describe the particular way in which you believe you have been denied any access or have otherwise been discriminated against because of, or related to, a disability. Please specify dates, time(s) of incident(s), name(s) of people involved, and names/contact information for any witnesses. Attach additional pages if necessary. | | |
| | | |
| | | |
| CITIZEN ACKNOWLEDGMENT & SIGNATURE | | |
| I certify that the statements and information contained in this reporting form are true, accurate, and complete. I agree and understand that any misstatement or omission of the truth herein may constitute dismissal of my complaint. | | |
| _____ | _____ | |
| Signature | Date Signed | |