City of Morrison
Grievance Procedure Under the Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). This procedure may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Morrison. The City's Discrimination and Harassment Policies govern employment-related complaints of disability discrimination.

Filing a Complaint:

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem.

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. The complaint should be submitted as soon as possible but no later than 60 calendar days after the alleged violation to the ADA Complaint Coordinator.

ADA Complaint Coordinator:

Barry Dykhuizen
City Administrator
ADA Coordinator
200 W Main Street
Morrison, IL 61270
815-772-7657

Complaint Process:

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or his or 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 or her designee will respond in writing, and where appropriate, in a format accessible to the complainant. The response will explain the position of the City of Morrison and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or his or her designee does not satisfactorily resolve the issue, the complainant and/or his or her designee may appeal the decision within 15 calendar days after receipt of the response to the City Administrator or his or her designee.

Within 15 calendar days after receipt of the appeal, the City Administrator or his or 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 or her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

Record of Complaints:
All written complaints received by the ADA Coordinator or his or her designee, appeals to the City Administrator or his or her designee, and responses from these two offices will be retained by the City of Morrison for at least three years.
Americans With Disabilities Act
Complaint Form

Date: ____________________________

TO: Barry Dykhuizen
    City of Morrison
    ADA Coordinator
    200 W Main Street
    Morrison, IL 61270

Location of Incident: ____________________________

Date of Incident: ____________________________

Description of Incident:

Complainant's Name: ____________________________
Street Address: ____________________________
City, State, Zip: ____________________________
Phone: ____________________________
e-mail: ____________________________

Name of person to contact if different from above:
Phone: ____________________________
e-mail: ____________________________