

**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.

# CITY OF MORRISON

200 West Main Street  
Morrison, Illinois 61270-2400  
Phone 815 / 772-7657  
Fax 815 / 772-4291  
morrisonil.org



## 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:	

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