



City of Cheyenne Title II & Title VI Policy and Complaint Procedures

Title II of the "Americans with Disabilities Accessibility Act" (ADA) is the title that applies to public entities like state and city governments. The Americans with Disabilities Act of 1990 is divided into a number of titles. Title II requires nondiscrimination on the basis of disability, in state and local government services. These "public entities" - including departments, agencies, or other instrumentalities - are required to comply with the ADA.

Title VI states that no person in the United States of America shall, on the grounds of race, color, national origin, sex, age, or disability be excluded from the participation in, be denied the benefit of, or be otherwise subjected to discrimination under any of our programs or activities.

The City of Cheyenne hereby gives public notice that it is the policy of the City of Cheyenne to assure full compliance with both Title II of the Americans with Disabilities Act and Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and related statutes and regulations in all programs and activities.

The City of Cheyenne has adopted a grievance procedure providing for prompt and equitable resolution of complaints. This Grievance Procedure is established to meet the requirements of the ADA. It may be used by anyone who wishes to file a complaint concerning access to City facilities, services, activities, programs, or benefits.

The complaint process and form are posted on the City's webpage under "report a concern" and ADA requests. The form is also available in Human Resources, 2101 O'Neil Avenue, Room 103, Cheyenne, WY 82001.

The complaint should be in writing using the Title VI and ADA Complaint Form below and contain all information requested 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 will be made available for persons with disabilities upon request. The complaint should be submitted by the complainant within sixty (60) calendar days of the alleged violation. The signed form shall be submitted to:

City of Cheyenne
ADA Coordinator, Human Resources
2101 O'Neil Avenue, Room 103
Cheyenne, WY 82001
(307) 637-6340

Receipt of a Complaint

Upon receipt of a complaint, the ADA Coordinator will provide the appropriate Department Director or their designated representative with a copy of the complaint. Within fifteen (15) calendar days after receipt of the complaint, the ADA Coordinator will then conduct an investigation that may involve meeting with the complainant to discuss the complaint and possible resolutions.

If an informal resolution is not reached with the complainant, within 60 calendar days after receipt of the complaint, the ADA Coordinator will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio recording. The response will explain the position of the City and offer options for substantive resolution of the complaint.

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

Within thirty (30) calendar days after receipt of the appeal, the Mayor or his/her designee will review the complaint and the determination of the ADA Coordinator and respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint. The decision of the Mayor, or his/her designee, shall be final.

Retention Policy

All written complaints received by the City's ADA Coordinator or his/her designee, appeals to the Mayor or his/her designee, and responses from these two offices will be retained by the ADA Coordinator for at least five years.

The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies, such as the filing of an ADA complaint with the responsible state or federal department or agency. Use of this complaint procedure is not a prerequisite to the pursuit of other remedies.

This policy is printed and available from the ADA Coordinator's office, the Cheyenne Transit Office and is published on the City's website for easy access.



TITLE II AND TITLE VI COMPLAINT FORM

INSTRUCTIONS: If you would like to submit a Title VI or Title II Complaint (you feel you have discriminated against on the grounds of race, color, national origin or physical/mental disability) to the City of Cheyenne, please complete the form below and return to: City of Cheyenne, ADA Coordinator, 2101 O'Neil Avenue, Cheyenne, WY 82001. For questions, please contact the ADA Coordinator at (307) 637-6340. Please be sure to sign this form as we cannot accept your complaint without a signature. This document is available in accessible formats (e.g., large print, electronic) upon request.

Name (Complainant):	
Phone: _____ (Home) _____ (Cell) _____ (Work)	Home Address (Street#, City, State, Zip Code):
Are you filing this complaint on your own behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please supply the name and relationship of the person for whom you are complaining:
Please explain why you have filed for a third party:	
Did you obtain permission of the aggrieved party to file on their behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicable, the name of the person(s) who you believe discriminated against you:	Date, time and location of the incident:
Discrimination based on (please check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Physical/Mental Disability	
Briefly explain what happened and how you feel you were discriminated against. Please include how you feel that others were treated differently than you. (Please attach additional page(s) if necessary)	

Why do you believe these events occurred:

Is there any other information that you feel may be relevant to this investigation:

How can these issues be resolved to your satisfaction:

Please list any person(s) who we can contact for additional information or to support/clarify your complaint:

Name:

Address:

Phone Number:

Have you filed a complaint with any other federal, state or local agencies: Yes No

If yes, please list agency/agencies and contact information below (please use back of form if additional space is needed).

Agency: _____

Address: _____

Contact Person: _____

Phone: _____

Signature (Complainant):

Date of Filing: