**SECTION 504 COMPLIANCE OFFICER/GRIEVANCE PROCEDURE**

**COMMUNITY DEVELOPMENT BLOCK GRANT**

Town/City/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

The (Insert Recipient Name) has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the Americans with Disabilities Act (ADA) and by United Stated Department of Housing and Urban Development regulations implementing Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794).

Section 504 states, in part, that "no otherwise qualified individual with a disability ... shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." Complaints should be addressed to: (Insert Name, Title, Mailing Address, Telephone Number, and Email Address) who has been designated to coordinate Section 504/ADA compliance efforts.

1. A complaint should be filed in writing or verbally (alternate methods of communication such as personal interview, tape recording, Braille, etc. are acceptable), contain the name and address of the person filing it, and briefly describe the alleged violation of the regulations.

2. A complaint should be filed within (Insert number of days) after the complaint becomes aware of the alleged violation. (Processing allegations of discrimination that occurred before this grievance procedure was in place will be considered on a case-by-case basis.)

 3. An investigation, as may be appropriate, will follow a filing of a complaint. The investigation will be conducted by (Insert Name of Person and Department), who shall be appointed by the chief elected official. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.

4. A written determination as to the validity of the complaint and a description of the resolution, if any, will be issued by (Insert Name of Person and Department) and a copy forwarded to the complainant no later than (Insert number of days) its filing.

5. The Section 504/ADA coordinator will maintain the files and records of the (Insert Recipient Name) relating to the complaints filed.

6. The complainant can request a reconsideration of the case in instances where he or she is dissatisfied with the resolution. The request for reconsideration should be made within (Insert number of days) to (Insert person responsible for handling appeals). The request for reconsideration may be mailed to (Insert address) or hand delivered at (Insert Location). The request will be promptly reviewed, and a final determination issued.

7. If the citizen is dissatisfied with the local response, they may write to the North Carolina Department of Environmental Quality (DEQ), Division of Water Infrastructure (DWI), 1633 Mail Service Center, Raleigh, North Carolina, 27699-1633, Phone: (919) 707-9057, TDD: (800) 735-2962. DEQ will respond only to written comments within ten (10) calendar days of the receipt of the comments.

8. The right of a person to a prompt and equitable resolution of the filed complaint shall not be impaired by the person's pursuit of other remedies such as the filing of a Section 504 or ADA complaint with the U.S. Department of Housing and Urban Development (HUD). Using this grievance procedure is not a prerequisite to the pursuit of other remedies.

9. These rules will be construed to protect the substantive rights of interested persons, meet appropriate due process standards, and assure that (Insert Recipient Name) complies with the ADA, Section 504 and their implementing regulations.

This information is available in Spanish or any other language upon request. Please contact (Insert Name) at (Insert Phone Number) or at (Insert physical location) for accommodations for this request.

Esta información está disponible en español o en cualquier otro idioma bajo petición. Por favor, póngase en contacto con (Insert Name) al (Insert Phone Number) o en (Insert physical location) de alojamiento para esta solicitud.



Adopted this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Chief Elected Official*)

 ATTEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Clerk*)