

City of New Britain



Americans with Disabilities Act Grievance Procedure

This grievance procedure is established to meet the requirements of Title II of the Americans with Disabilities Act (ADA). It 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 New Britain.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number, email address of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or an audio/video recording of the complaint, will be made available for persons with disabilities who are unable to file a written complaint.

The complaint should be submitted by the complainant and/or his/her designee, preferably within 60 calendar days of the alleged violation to:

Erik Barbieri, ADA Coordinator
27 West Main Street
Room 302
New Britain, CT 06051
(860) 826-3453

Within 15 calendar days after receipt of the complaint, the ADA Coordinator will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the ADA Coordinator will respond in writing, and where appropriate in format accessible to the complainant, such as in large print, Braille or audio format. The response will explain the position of the City of New Britain and offer options for substantive resolution of the complaint.

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

Within 15 calendar days after receipt of the appeal, the Mayor or designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after meeting, the Mayor or designee will respond in writing, and where appropriate, in a format accessible to the complainant, with a final resolution to the complaint.

All written complaint appeals, and responses will be kept on file by the City of New Britain for a period of 7 years.

City of New Britain



ADA Title II Complaint Form

Complaint No: _____

Date: _____

Name of Complainant: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone: (Home) _____ Cell: _____

Email Address: _____

Persons Discriminated Against if other than Complainant:

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone: (Home) _____ Cell: _____

Email Address: _____

If you are a Representative of the Complainant:

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone: (Home) _____

Cell _____

Email Address: _____

Name of Government, department, organization or institution you believe has discriminated:

Name: _____

Address: _____

City: _____ **State** _____ **Zip Code** _____

Date alleged discrimination occurred: _____

Location: _____

Describe the acts of alleged discrimination in detail below:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.