



# Town of Simsbury

933 HOPMEADOW STREET

P.O. BOX 495

SIMSBURY, CONNECTICUT 06070

## Town of Simsbury MUNICIPAL GRIEVANCE PROCEDURE

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and policies or the provision of services, activities, programs, or benefits by the Town of Simsbury.

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 by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Melissa A. J. Appleby, Deputy Director of Administrative Services - 860-658-3274  
933 Hopmeadow Street, Simsbury, CT 06070

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

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

Within 15 calendar days after receipt of the appeal, the First Selectman 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 First Selectman/Selectwoman 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.

All written complaints received by Ms. Appleby, appeals to the First Selectman/Selectwoman or his or her designee, and responses from the ADA Coordinator and First Selectman/Selectwoman or his or her designee will be kept by the Town of Simsbury for at least three years.

3/15/17  
Date

[Signature]  
Lisa Heavner, First Selectwoman

Telephone (860) 658-3200  
Facsimile (860) 658-9467

[www.simsbury-ct.gov](http://www.simsbury-ct.gov)  
An Equal Opportunity Employer

8:30 - 7:00 Mondays  
8:30 - 4:30 Tuesday through Thursday  
8:30 - 1:00 Friday