



City of Boise

Section 504 Grievance Process

The following is an overview of how the City of Boise processes Grievances filed by individuals who have experienced disability discrimination under the law called Section 504. Section 504 of the Rehabilitation Act protects you from discrimination in federally funded programs for which you qualify, and is commonly called "Section 504."

This document can be provided in a format accessible to persons with limited access, disabilities and/or persons with limited English proficiency upon request. The City of Boise prohibits discrimination on the basis of race, color, national origin, religion, sex, familial status, disability or age.

What is a Grievance?

A Grievance is a complaint on the basis of disability and in some way asking for the City of Boise's assistance in resolving the problem. It may be submitted in writing or by using the online Grievance Form. The Grievance should contain:

- Complainant's name and address;
- Name and address of the individual, department or organization (City of Boise sub-recipient of federal assistance) alleged to have discriminated (the "recipient"); and
- Description of the discriminatory actions and the date of those actions.
- Sufficient data to substantiate any claims or charges. If possible, supporting documentation should be included.
- If desired, a complainant may propose a solution or remedy to the problem.

The Grievance may be amended at any time to clarify or amplify the allegation. Although a Grievance will contain the name of the complainant, the City of Boise will keep that identity confidential unless it has written authorization from the complainant to release it or except as necessary to carry out the purpose of the Section 504 regulations, including the enforcement provisions.

When Must a Grievance be Filed?

Under Section 504, a Grievance should be filed within a reasonable time after the complainant becomes aware of the action alleged to be prohibited. All Grievances must be filed within 180 days of the alleged act of discrimination unless the City of Boise waives this time limit for good cause shown. The Grievance is deemed received on the date the City of Boise actually receives it or, if mailed, on the date it is postmarked.

Who May File a Grievance?

Any individual who believes he or she has been discriminated against on the basis of disability by a recipient of Federal financial assistance, his or her representative, or a member of a class of persons so situated, or the authorized representative of a member of that class.

Who is an Individual with Disabilities?

An individual with disabilities is any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.

Where May a Grievance be Filed?

- A Grievance may be filed by mail to the City of Boise, **Attention Greg Morris**, Section 504 Coordinator, 1276 River Street, Suite 201, Boise, Idaho 83702. Contact Greg Morris at **(208) 493-2503**.
- A Grievance may also be filed online at www.cityofboise.org. (See left menu under "Report a Problem" and go to "Reporting Discrimination")

Notification to Parties

Within ten (10) days of receipt, the City of Boise will notify the complainant and the recipient that it has received the Grievance.

Notification of the Parties and the Recipient's Opportunity to Respond

Once the Grievance has been accepted, the Section 504 Coordinator for the City of Boise will notify the complainant and the recipient of its acceptance. The Section 504 Coordinator will also notify the recipient of the allegations and provide an opportunity for a written response to the allegations within thirty (30) days of receiving the notice. Like the Grievance, the recipient's response may be amended for good cause at any time.

Voluntary Resolution of the Issues

During investigation of the Grievance, the Section 504 Coordinator will make every effort to define all of the issues contained in the Grievance. Throughout the Grievance process, the Section 504 Coordinator will encourage a voluntary resolution of the matter, and will assist the parties in resolving the Grievance through informal resolution. A matter may be resolved by informal means at any time.

The Investigation and Determination

Within ninety (90) calendar days after receiving the Grievance, the Section 504 Coordinator must investigate the incident and issue a finding of whether or not discrimination was found. The Section 504 Coordinator will request all of the information that the City of Boise believes is necessary in order to fully investigate the issues in the Grievance. The Grievance investigation will involve interviews and meetings with the parties, including any witnesses or other persons identified as having some involvement in the issues of the Grievance. The Section 504 Coordinator may also conduct on-site reviews of facilities that are under the recipient's oversight, if these facilities are a part of the Grievance. Once the Grievance investigation is completed, the Section 504 Coordinator will compile all of its findings and shall issue a written determination.

Appeal Procedure

The grievant is not precluded from filing formal complaints at any time during or after the grievance process with the following state or federal agencies:

- **Idaho Human Rights Commission**
1109 Main Street
P.O. Box 83720
Boise ID 83720-0040
(208) 334-2873
 - **Intermountain Fair Housing Council**
1-800-717-0695
 - **Seattle Regional Office of FHEO**
U.S. Department of Housing and Urban
Development
Seattle Federal Office Building
909 First Avenue, Room 205
Seattle, Washington 98104-1000
(206) 220-5170
1-800-877-0246
TTY (206) 220-5185
 - **U.S. Department of Justice**
Washington, D.C. 20530
- Employment complaints may be filed with:
- **Equal Employment Opportunity Commission**
2815 2nd Avenue, Suite 500
Seattle, Washington



City Of Boise

Section 504 Grievance Form

Grievance Information

Your Name: _____

Your Address: _____

City, State, Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Other Contact Information

Who else can we call if we cannot reach you? _____

Daytime Phone: _____ Evening Phone: _____

Grievance

1. **What** happened to you? How were you discriminated against? State briefly what happened.

2. **Why** do you believe you are being discriminated against?

3. **Who** do you believe discriminated against you?

Name: _____

Address: _____

