POLICY

The City of Largo has adopted an internal procedure to provide for the prompt investigation and equitable resolution of alleged violations of the Americans with Disabilities Act of 1990 (ADA). As part of this effort, the following position has been designated the ADA Coordinator with the authority to investigate complaints:

Assistant City Manager
201 Highland Avenue
P. O. Box 296
Largo, FL 33779-0296
(813) 587-6727

PROCEDURE

When, in the opinion of any individual, a violation of the ADA has occurred by the action or inaction of the City, its representatives, or employees, the attached form shall be completed and forwarded to the Assistant City Manager. The procedure will adhere to the following guidelines:

1. The Complainant shall submit the Complaint Form with pertinent information to the Assistant City Manager within a reasonable length of time of the incident or knowledge of the incident.

2. The Assistant City Manager shall investigate the charge personally or through a Department Representative. Should a fact-finding hearing be necessary, the Assistant City Manager shall schedule said hearing within five (5) work days of receipt of the complaint.

3. The Assistant City Manager shall render a determination within five (5) work days of the fact-finding hearing or ten (10) work days of receipt of the complaint, whichever is greater.

The purpose of this procedure is to resolve ADA compliance issues at the local level. However, aggrieved individuals also have the right to file a complaint with the appropriate federal agency (as indicated on the next page) if the individual believes a violation has occurred and/or is dissatisfied with the Assistant City Manager's resolution of the complaint.
Title I: Employment

Equal Employment Opportunity Commission
501 East Polk Street, Suite 1020
Tampa, FL 33602
(813) 228-2310 (voice)
(813) 228-2003 (TDD)

Title II: Public Services

U. S. Department of Justice
Civil Rights Division
P. O. Box 66738
Washington, D.C. 20035-6738
(800) 514-0301 (voice)
(800) 514-0383 (TDD)

Public Services/Recreation Programs

U. S. Department of Interior
1849 C Street NW
Washington, D.C. 20240
(202) 208-3171 (voice)
(202) 208-4817 (TDD)

Public Transportation

U. S. Department of Transportation
400 Seventh Street SW, Room 10424
Washington, D.C. 20590
(202) 366-9305 (voice)
(202) 755-7687 (TDD)

Title III: Public Administration

U. S. Department of Justice
Civil Rights Division
P. O. Box 66738
Washington, D.C. 20035-6738
(800) 514-0301 (voice)
(800) 514-0383 (TDD)

Transportation Provisions

U. S. Department of Transportation
400 Seventh Street SW, Room 10424
Washington, D.C. 20590
(202) 366-9305 (voice)
(202) 755-7687 (TDD)

Title VI: Communications

Federal Communications Commission
Wireless Bureau
Enforcement Division
2025 M Street NW, Suite 8308
(202) 418-0569 (voice)
(202) 418-7306 (TDD)
POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination in employment and in the provision of public services.

The City of Largo has appointed a task force to review compliance guidelines for the ADA. It is the City’s intent to conform with each applicable requirement of the Act. Any individual desiring to have input into the City’s compliance review efforts should contact:

Assistant City Manager
City of Largo
P. O. Box 296
Largo, FL 33779-0296
(727) 587-6727

Individuals who feel that an action or inaction on the part of the City, its representatives, or employees, is in violation of the Act may file a complaint. The complaint procedure and appropriate form may be obtained from the applicable City facility or department, or through the Administration Department, Largo City Hall, 201 Highland Avenue, Largo, (727) 587-6727.
AMERICANS WITH DISABILITIES ACT
COMPLAINT FORM

Assistance with completing this form is available upon request.

Any complaint shall be submitted as soon as possible after the incident or knowledge of incident to:

Assistant City Manager
201 Highland Avenue
P. O. Box 296
Largo, FL 33779-0296
(727) 587-6727

COMPLAINANT INFORMATION
Name:_____________________________________ Telephone or TDD:__________
Address:________________________________________________________________________
Date of Alleged Violation:________________________________________________________________________
City Facility/Site of Alleged Violation:________________________________________________________________________

Complainant’s statement. Include suggestion(s) for resolution. List employee name(s) as applicable. Pages may be attached if additional space is required.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Complainant Signature

Filing Date

Received by:_________________________ Date:_________________________

DETERMINATION

________________________________________________________________________

Assistant City Manager
Determination Date

Last Updated: October 1, 2015
AMERICANS WITH DISABILITIES ACT
COMPLAINT PROCEDURE

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