



## **CITY OF LAS CRUCES, NEW MEXICO TITLE II GRIEVANCE PROCEDURE UNDER THE AMERICANS WITH DISABILITIES ACT**

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (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 Las Cruces. The City's Personnel Policy governs employment-related complaints of disability discrimination.

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:

**Gail Estell, ADA/504 Coordinator**  
**EEO ADA Coordinator**  
**Human Resources**  
**700 N Main St**  
**Las Cruces, NM 88001**  
**Office: 575-528-3227**  
**New Mexico Relay: 7-1-1**  
**[gestell@las-cruces.org](mailto:gestell@las-cruces.org)**

Within 15 calendar days after receipt of the complaint, Gail Estell or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Gail Estell or her designee 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 the City of Las Cruces and offer options for substantive resolution of the complaint.

If the response by Gail Estell or her designee 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 City Manager or his/her designee.

Within 15 calendar days after receipt of the appeal, the City Manager or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Manager or his/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 Gail Estell or her designee, appeals to the City Manager or his/her designee, and responses from these two (2) offices will be retained by the City of Las Cruces for at least three (3) years.









OFFICE USE ONLY DATE COMPLAINT OPENED: _____ DATE COMPLAINT CLOSED: _____
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## CITY OF LAS CRUCES, NM TITLE II ADA GRIEVANCE FORM

*The City of Las Cruces ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Gail Estell, ADA/504 Coordinator, at 575-528-3227, or New Mexico relay by dialing 7-1-1.*

**Instructions: Please complete and sign the form and email or mail it to the City within 60 calendar days of any incident to:**

**ADA/504 Coordinator – Gail Estell**

*Physical address:*

Gail Estell, ADA/504 Coordinator  
EEO ADA Coordinator  
700 N Main Street  
Las Cruces, NM 88001

Phone: 575-528-3227  
Email: gestell@las-cruces.org

**1. Type of Grievance (check all that apply):**

- Accommodation Request
- Program/Service
- Facility Accessibility
- Other: \_\_\_\_\_

### CONTACT INFORMATION

**2. Reporting Individual:**

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

**3. Authorized Representative of Reporting Individual (if any):**

Full Name:	
Address:	
City, State, Zip code:	
Phone:	Alternate Phone:
Email:	

**DETAILS OF COMPLAINT / INCIDENT**

**4. Date/Time of Incident:** \_\_\_\_\_

**5. Department/Facility/Location Involved:**

**6. Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary:**

**7. Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.**

**8. Remedy Sought. What action do you want taken?**

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Signature

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the City's ADA/504 Coordinator at:

*Physical address:*

Gail Estell, ADA 504 Coordinator  
EEO ADA Coordinator  
700 N. Main Street  
Las Cruces, NM 88001

Phone: 575-528-3227  
Email: [gestell@las-cruces.org](mailto:gestell@las-cruces.org)



## **CITY OF LAS CRUCES, NEW MEXICO NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT**

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), the City of Las Cruces will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

: City of Las Cruces does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

***Effective Communication:*** City of Las Cruces will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in City of Las Cruces' programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

***Modifications to Policies and Procedures:*** City of Las Cruces will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in City of Las Cruces offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the City of Las Cruces, should contact the office of ***Gail Estell, ADA/504 Coordinator at 575-528-3227 or [gestell@las-cruces.org](mailto:gestell@las-cruces.org)*** as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the City of Las Cruces to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of the City of Las Cruces is not accessible to persons with disabilities should be directed to ***Gail Estell, ADA/504 Coordinator at 575-528-3227 or [gestell@las-cruces.org](mailto:gestell@las-cruces.org)***.

City of Las Cruces will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.