

**CITY OF GRAND RAPIDS
Equal Opportunity Department**

Americans with Disabilities Act Title II Compliance Report

Directions: Title II of the Americans with Disabilities Act (ADA) provides that the City of Grand Rapids may not refuse to allow an individual with a disability to participate in or be denied the benefits of its programs, services or activities. This means that all City activities, programs, and facilities should be available to individuals with disabilities; that communications with individuals with disabilities are as effective as communication with others; and that such services, activities and programs for individuals with disabilities should not be separate and distinct from other programs unless separate programs are necessary to ensure that benefits and services are equally effective.

If you are aware of City-sponsored activities, programs and services which appear not to comply with the provisions of Title II of the ADA, please indicate below, and submit this information to the Director of the City of Grand Rapids' Equal Opportunity Department, 8th floor, City Hall, 300 Monroe N.W., Grand Rapids, MI 49503.

If you need assistance in completing this form, please contact the Equal Opportunity Department at 456-3027.

Part A (To be filled out by citizens)

Name _____

Phone _____

Address _____

Date _____

Date and time of occurrence _____

State what City facility, activity, service, or program was involved:

Indicate City employee (if any) to whom you spoke regarding this issue:

Briefly describe the program, service, activity or facility which caused you to file this report:

Please indicate any suggestions regarding how the City may resolve this problem:

Date _____

Signature or mark _____

Part B (to be completed by City employee)

Person Reporting _____

Phone extension _____

Department _____

Job Title _____

Describe below activity, service, program or facility which may not comply with Title II of ADA:

Action taken or recommended:

Comments:

Immediate Supervisor: _____

Division or Dept. Head: _____

Asst. City Manager: _____

Date _____