



ADA Title II Appeal Form

Please complete the ADA Title II Appeal Form if you are a program participant or member of the public dissatisfied with or wish to appeal the ADA Coordinator's response to your initial complaint alleging the City is in violation of Title II of the ADA in regard to a program, service, activity or facility. The decision may be appealed to the City Manager or his designee within 20 calendar days after receipt of the ADA Coordinator's response. An appeal should detail the reasons the grievant believes the findings to be in error.

The City Manager or designated representative may meet with you and/or the City's ADA Coordinator to discuss the matter appealed and attempt to reach an informal resolution of the appeal. Any informal resolution will be documented in the City ADA Coordinator's file. The City Manager or designated representative will make a final determination within 20 business days from the date of the filing of the appeal for reconsideration.

The resolution of any specific complaint will require consideration and balancing of varying circumstances to include but not limited to: nature of disability, nature of access to services, programs or facilities at issue, health and safety of others, degree to which an accommodation would constitute a fundamental alteration to the program, service or facility, whether the accommodation will present an undue hardship to the City. The resolution by the City of any one complaint does not constitute a precedent by which the City is bound or upon which other complaining parties may rely.

Alternative formats are available. Please contact the ADA Coordinator via mail, email, phone or fax. You may submit your complaint or appeal by phone to the ADA Coordinator.

Use of the City's appeal procedure is not a prerequisite to the pursuit of other remedies. If the appellant is dissatisfied or does not wish to file an appeal through the City's ADA Appeal Procedure, the appellant may file a complaint directly with the US Department of Justice or other appropriate state or federal agency.

If you have questions about the ADA appeal process, please contact: Human Resources Department, 1401 Main Street 4th Floor, Columbia SC 29201, telephone (803) 545-3010 or email hr@columbiasc.gov.

Date: _____

Name: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Phone (day): _____ (evening) _____

Email: _____

Preferred Method of Contact: _____

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1. Provide a brief description of the original accommodation request or compliant

2. Date of original compliant:
3. Date of receipt of City's response:
4. Describe alleged violation:

5. Describe the remedy sought:

Please attach additional sheets as necessary and include information you are appealing.