

ADA Compliance, Complaints, and Coordinator

ADA Compliance

The City of Flagstaff is committed to ensuring that all City programs, services, activities, and facilities are inclusive to all including but not limited to individuals with disabilities. In accordance with Title II of the Americans with Disabilities Act (ADA), the City does not discriminate on the basis of disability. Upon request, the City will provide reasonable accommodations and appropriate auxiliary aids and services to ensure equal access to its facilities, programs, services, and activities. Requests for reasonable accommodations and appropriate auxiliary aids and services should be made as far in advance as possible to allow the City adequate time to respond.

Individuals who believe they have experienced discrimination or have been denied access to a City program, service, or activity may file an ADA grievance using the process outlined below.

Filing an ADA Grievance (Complaints)

Individuals who believe they have been denied access to a City facility, program, service, or activity, or otherwise believe the City has violated Title II of the ADA, may file a grievance with the City's ADA Coordinator. Grievances should be submitted as soon as possible, but no later than 180 days after the alleged incident. Grievances may be submitted by:

- **Online:** [XX-Add form]
- **Email:** Aaron.Kaminski@FlagstaffAZ.gov (get ADA Coordinator email)
- **Mail or In Person:** City Hall, Human Resources and Risk Management, 211 W. Aspen Ave, Flagstaff, AZ 86001

The grievance should include:

- A description of the alleged ADA violation
- The date and location of the incident
- Any relevant facts or supporting information
- The complainant's name and contact information

The ADA Coordinator or their designee will review and investigate the grievance and provide a written response within fifteen (15) working days of receiving the grievance or any additional requested information. If the grievance needs immediate attention, please contact the ADA Coordinator at (928) 213-2132.

Appealing an ADA Grievance

If the grievance is not resolved to the complainant's satisfaction, an appeal may be submitted in writing to the Director of Human Resources and Risk Management. The

appeal should explain why the initial response is being appealed and include any additional relevant information. Appeals may be submitted to:

- **Email:** Ryan.Saxby@FlagstaffAZ.gov
- **Mail or In Person:**
City Hall, Human Resources and Risk Management
211 W. Aspen Ave
Flagstaff, AZ 86001

The Director or their designee will review the appeal and provide a written response within thirty (30) calendar days of receiving the appeal or any additional requested information.

Employment-related ADA inquires: Requests for reasonable accommodations related to employment (Title I of the ADA) are handled separately. Please contact the Human Resources Section of Human Resources and Risk Management at (928) 213-2090 or Human.Resources@FlagstaffAZ.gov.

[ADA Coordinator](#)

The ADA Coordinator oversees the City's compliance with the Americans with Disabilities Act and works with City departments to ensure City programs, services, activities, and facilities are accessible to individuals with disabilities. The ADA Coordinator also coordinates requests for reasonable modifications and administers the City's ADA grievance process.

ADA Coordinator Contact Information:

Aaron Kaminski, Risk Manager and ADA Coordinator
City Hall, Human Resources and Risk Management
211 W. Aspen Ave
Flagstaff, AZ 86001
Phone: (928) 213-2132
Email: Aaron.Kaminski@FlagstaffAZ.gov

ADA Grievance Form

The ADA Grievance form will be created in Microsoft Forms which is designed to be accessible and compliant with WCAG 2.1AA and Section 508 standards. The data is encrypted in transit using Transport Layer Security (TLS) and at rest using BitLocker disk-level encryption. It natively supports screen readers (like JAWS and NVDA) and offers high-contrast themes with clear headings, descriptive link text, and alternative text for images. The following information will be on the form.

ADA grievances should be submitted as soon as possible and no later than one hundred and eighty (180) calendar days after the alleged incident.

Complainant information: Full name*, mailing address, city, state, zip, phone number*, email address* and preferred method of contact (phone, email, mail).

Incident information: Date of incident*, time, location of incident* (e.g., facility, park, street, programs, event, etc.), City department involved

Description of grievance*: Please describe what happened, including why you believe discrimination occurred or why you were denied access to a City facility, program, service, or activity.

What action or outcome would you like the City to consider?

Witnesses: Name(s), phone/email (if known)

Previous contact: Have you discussed this issue with any City employee or department? (yes, no)? If yes, please provide department, employee (if known), date, and outcome.
*Required

Certification (checkbox): I certify that the information provided is true and accurate to the best of my knowledge.

Information submitted on this form will be used to investigate your ADA grievance. Information may be shared with City employees who have a legitimate need to participate in the investigation.