Renton Regional Fire Authority
18002 108th Ave SE, Renton, WA 98055
Phone 425-430-7000 Fax 425-430-7044
TTY Relay 7-1-1 www.RentonRFA.org

GRIEVANCE OF DISCRIMINATION ON THE BASIS OF DISABILITY AGAINST RENTON REGIONAL FIRE AUTHORITY

This form may be used by a qualified individual with a disability who believes he or she has experienced discrimination based on disability status in admission to, access to and treatment in facilities, programs, services, or activities provided by Renton Regional Fire Authority. An authorized representative may file on behalf of a qualified person with a disability. Grievances on behalf of classes of individuals are also permitted. Information requested on this form must be filled out completely to help us expedite processing your grievance.

Please submit your grievance within 180 calendar days of the alleged discriminatory act. The ADA Coordinator will send you a written receipt of your grievance and will forward a copy of this grievance form to Renton Regional Fire Authority division named as respondent. The ADA Coordinator or his/her designee will be assigned to work on your grievance.

The ADA Coordinator is responsible for facilitation and coordination of responses to disability access grievances. The ADA Coordinator is available to provide a variety of services such as coordination of meetings between the parties, technical assistance to the division on requirements, regulations and reasonable accommodations, or other services as requested or deemed appropriate by the division. When a response to a grievance includes work activities with completion dates in the future, the ADA Coordinator will monitor work activities until the activities have been completed.

If the grievant does not agree with the resolution to the grievance proposed by the division, he/she may submit a written request for a different resolution to the ADA Coordinator within thirty (30) days of the grievant's receipt of the division's response.

You do not need an attorney to file or pursue this grievance. However, you may wish to seek legal advice regarding your rights under the law.

Upon request, an alternate format of this form may be made available. If you need assistance completing this form or have questions regarding rights and protections of the grievance procedure, contact us at the address below.

Please submit this completed form to:

Sheila Madsen, ADA Coordinator
Administration Office
Renton Regional Fire Authority
18002 108th Ave SE, Renton, WA 98055
PH: 425-430-7064 FAX: 425-430-7044

Grievant Contact Information:

_____
Name

_____
Street address City State Zip code

_____
Work phone # Home phone # Message phone #

_____
E-mail address

1. Aggrieved party contact information (if different from grievant):

   _____
   Name

   _____
   Street address City State Zip code

   _____
   Work phone # Home phone # Message phone #

   _____
   E-mail address

2. Name of respondent: Renton Regional Fire Authority
3. Division (if known): _____

   _____

4. Address/location (if known):_____
5. Date of incident(s) giving rise to this grievance: _____
6. Fire Authority employees you have dealt with regarding the incident(s) (name, position, division):

   _____

   _____

7. Witnesses/others involved (name, address, telephone number)

   _____

8. Statement of grievance:
   Include all facts upon which the grievance is based (attach additional sheets if needed)

   _____

   _____

   _____

   _____

   _____

   _____

   _____

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_____
_____

9. Describe how the aggrieved party's physical and/or mental disability substantially impacts a major life activity.

_____
_____
_____
_____

10. In the grievant's view, what would be the best way to resolve the grievance?

_____
_____
_____
_____
_____
_____

11. Has the grievant filed a lawsuit, complaint, or grievance regarding this matter anywhere else? If yes, give the name and address of each place where you have filed:

_____
_____
_____

I affirm that the foregoing information is true to the best of my knowledge and belief. I understand that all information becomes a matter of public record after the filing of this grievance.

_____ _____

Signature or Mark of Aggrieved Party, and/or Date

_____ _____

Signature or Mark of Grievant (if different) Date