

Roxey Ballet Grievance Procedure Page 1 of 2

Roxey Ballet has adopted a grievance procedure to provide for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title II of the Americans with Disabilities Act (ADA). The act states, in part, that “no otherwise qualified disabled individual shall solely by reason of such disability be excluded from the participation in, be denied benefits of, or be subjected to discrimination” in programs or activities sponsored by a public entity.

Any such complaints should be addressed to:
ADA and Outreach Coordinator
Roxey Ballet
243 North Union Street
Lambertville, NJ 08530
Envelope should be further marked **"URGENT"**

1. A complaint should be filed within five (5) days after the complainant becomes aware of the alleged violation. The complaint shall be made in writing or verbally to the chair above, shall contain the name and address of the person filing it and shall describe the alleged violation(s).
2. A written determination as to the validity of the complaint and resolution, if any, shall be issued by the ADA committee chair for Roxey Ballet. A copy shall be forwarded to the complainant no later than 10 working days after the filing.
3. The ADA committee for Roxey Ballet shall maintain all files and records relating to the complaint(s).
4. The complainant, if dissatisfied with the resolution, may request reconsideration within five (5) days after receiving written notice of the resolution from the ADA committee. The request shall be made to the chair of Roxey Ballet's ADA committee.
5. The Roxey Ballet ADA committee shall hear the grievance within 15 days of the request and render a final decision within five (5) days of the grievance hearing.
6. The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies, such as filing an ADA complaint with the responsible federal agency. Use of this procedure is not a prerequisite to the pursuit of other remedies.

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INFORMATION REQUIRED TO FILE A GRIEVANCE:

Claimant's Name _____

Claimant's Full Address: _____

City/State/ZIP: _____

Home Telephone: _____

Work/Daytime Telephone: _____

Address of Incident: _____

Date and Time of Incident: _____

Please describe the incident providing names or positions of those persons involved:
(use additional sheet if necessary)

Signature of Claimant Date: _____

This form must accompany any grievance being filed. Please follow instructions above (page 1).