

City of Lock Haven
Section 504 Complaint/Grievance Procedures

Introduction

It is the policy of the City of Lock Haven not to discriminate on the basis of disability. The City of Lock Haven has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973.

Section 504 prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance.

Who May File a Complaint?

Any individual who believes he or she has been discriminated against on the basis of disability by a recipient of Federal financial assistance, his or her representative, or a member of a class of persons so situated, or the authorized representative of a member of that class.

It is against the law for the City of Lock Haven to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Who is an Individual with Disabilities?

An individual with disabilities means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

Section 504 Grievance Procedures:

The City of Lock Haven will undertake the following steps when a citizen chooses to file a grievance on aspect of a federally funded program where he or she believes they have been discriminated against on the basis of disability:

- 1) Any citizen choosing to file a formal grievance may obtain a form at the Planning Office, Lock Haven City Hall, 20 East Church Street, Lock Haven, PA 17745 or by calling (570-893-5903, or from the City's website at:
<http://lockhavenpa.gov/dept/planner/cdbg/citizen-complaint-process/>
- 2) If the individual filing the grievance is in need of assistance to read or complete the form, assistance will be made readily available.
- 3) A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- 4) The Section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all

interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of the City of Lock Haven relating to such grievances.

- 5) The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.
- 6) The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to the City Manager within 15 days of receiving the Section 504 Coordinator's decision.
- 7) The City Manager shall issue a written decision in response to the appeal no later than 30 days after its filing.
- 8) Documentation of the grievance process, the grievance form and resolution will be maintained in a file within the City Planning Office.
- 9) In the event that the person filing the grievance is not satisfied with the City's decision, he/she can file a complaint of discrimination on the basis of disability with the following agencies:

PA Human Relations Commission
Harrisburg Regional Office
333 Market Street, 8th Floor
Harrisburg, PA 17101-2210
(717) 787-9780
(717) 787-7279 TTY users only

OR

Philadelphia Regional Office of FHEO
U.S. Department of Housing and Urban Development
The Wanamaker Building
100 Penn Square East, 12th Floor
Philadelphia, Pennsylvania 19107-3380
(215) 861-7646
(888) 799-2085
TTY (215) 656-3450

The City of Lock Haven will make appropriate arrangements to ensure that disabled persons are provided other accommodations, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Section 504 Coordinator will be responsible for such arrangements.

City of Lock Haven
Section 504 Complaint/Grievance Form

Complainant: _____

Address: _____

Telephone: _____ Email: _____

When did the discrimination occur? Date: _____

1. Please describe how you were discriminated against.

2. Who do you believe discriminated against you?

3. Where did the alleged act of discrimination occur?

4. Is there any solution or solutions you believe may remedy the problem?

Signature: _____

Date: _____

Return form to:

Leonora Hannagan
Section 504 Coordinator
City of Lock Haven
20 East Church Street
Lock Haven, PA 17745

Phone: 570-893-5903
Fax: 570-893-5905
Email: lhannagan@lockhavenpa.gov