ADA Grievance Procedures  
City of Rapid City, South Dakota  
Title II – Public Services

The City of Rapid City, South Dakota has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited in Subpart B (Sections 35.177) of 28 CFR Part 35, Title II of the Americans with Disabilities Act of 1990. Any individual who believes that he or she has been discriminated against by the Rapid City municipality, on the basis of disability (or the individual’s authorized representative) may file a complaint.

Complaints should be addressed to the following person who has been designated to coordinate complaints for the ADA compliance efforts for the City of Rapid City:

Nick Stroot  
Human Resources Director  
300 6th Street, Rapid City, South Dakota 57701  
605-394-4136

1) A complaint should be filed in writing and contain the name, address and telephone number of the person filing the complaint and a brief description of the alleged violation of the regulation for Title II.

2) A complaint must be filed no later than 30 days from the date of alleged discrimination. A complaint will be treated as filed on the date it is first filed with the city.

3) An investigation, as appropriate, shall follow a filing of a complaint. The investigation will be conducted by the designated official and a written determination as to the validity of the complaint will follow no later than 30 days after filing.

4) The ADA Coordinator shall maintain the files and records of the City relating to the complaints filed.

Adopted by the Rapid City Council 3/3/92
City of Rapid City, South Dakota
ADA Grievance Form

1) Type of Complaint –
   - Facility____Program____Sidewalk____Curb
   - Cut_____Other:______________________________
   - Department/Program:__________________________

2) Name:________________________________________

3) Address:______________________________________

4) Phone:________________________________________

Complaint:__________________________________________
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Investigation:________________________________________
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Action:____________________________________________
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Date Received:____________________________________
Date Completed:____________________________________
Council Action:____________________________________