

## RESOLUTION NO. 25-2030

### A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAKE FOREST PARK, WASHINGTON, ADOPTING AN ADA GRIEVANCE PROCEDURE PURSUANT TO THE AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED.

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**WHEREAS**, the Americans with Disabilities Act of 1990, as amended (ADA) requires state and local governments to adopt and publish grievance procedures providing for prompt and equitable resolution of complaints alleging actions prohibited by Title II of the ADA; and

**WHEREAS**, the City of Lake Forest Park is committed to compliance with the ADA and ensuring equal access to services, programs, and activities for individuals with disabilities; and

**WHEREAS**, the adoption of a grievance procedure will provide a clear, fair, and accessible process for addressing complaints and resolving disputes related to ADA compliance.

**NOW, THEREFORE, BE IT RESOLVED**, by the City Council of the City of Lake Forest Park, as follows:

Section 1. ADOPTION. The City of Lake Forest Park hereby adopts the "Grievance Procedure under the Americans with Disabilities Act," attached hereto as Exhibit A and incorporated herein by this reference.

Section 2. IMPLEMENTATION. The City Administrator or designee shall implement the grievance procedure and designate an ADA Coordinator responsible for overseeing the process and ensuring compliance with ADA requirements.

Section 3. CORRECTIONS. The City Clerk is authorized to make necessary corrections to this resolution including, but not limited to, the correction of scrivener's/clerical errors, references, ordinance numbering, section/subsection numbers and any references thereto.

**PASSED BY A MAJORITY VOTE** of the members of the Lake Forest Park City Council this 9th day of October 2025.

APPROVED:

*Tom French*

Tom French (Oct 13, 2025 19:24:38 PDT)

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Tom French, Mayor

ATTEST/AUTHENTICATED:

*Matt McLean*

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Matthew McLean  
City Clerk

FILED WITH THE CITY CLERK: September 19, 2025  
PASSED BY THE CITY COUNCIL: October 9, 2025  
RESOLUTION NO.: 25-2030

# **EXHIBIT A**

## **City of Lake Forest Park**

### **Grievance Procedure under the Americans with Disabilities Act**

(Adopted October 2025)

This Grievance Procedure is established to comply with the Americans with Disabilities Act of 1990, as amended (ADA). It can be used by anyone who wants to file a complaint alleging discrimination based on disability in the provision of services, activities, programs, facilities, or benefits by the City of Lake Forest Park. These procedures do not apply to employment-related disability discrimination complaints. Using these procedures is not required before pursuing other remedies, such as filing a complaint with the U.S. Department of Justice.

#### **Filing a Complaint**

If you believe you have been subjected to unlawful discrimination based on a disability, submit a written complaint or complete the ADA Grievance Form as soon as possible, but no later than 60 calendar days after the alleged violation.

The ADA Grievance Form or written complaint may be submitted to:

City of Lake Forest Park – City Clerk’s Office  
17425 Ballinger Way NE  
Lake Forest Park, WA 98155  
Phone: (206) 368-5440  
TTY: Washington Relay 7-1-1  
Hours: Monday–Friday, 9:00 a.m. to 5:00 p.m.

Alternative means of filing complaints, such as personal interviews or audio/video recordings, will be made available for persons with disabilities upon request to the ADA Coordinator.

#### **Complaint Information**

The written complaint should include, if applicable:

- Name, address, and contact information of the person alleging discrimination
- Name and contact information of the complainant's representative, if any
- Description of the service, activity, program, facility, or benefit alleged to be inaccessible
- Date and location of the incident that led to this grievance
- City department and/or personnel involved

### **Processing the Complaint**

- Within 15 calendar days after receipt, the City's ADA Coordinator or designee will meet with the complainant to discuss the complaint and potential resolutions.
- Within 15 calendar days of the meeting, the ADA Coordinator or designee will respond in writing, or in an accessible format if required. The response will explain the City's position and present options for resolution.

### **Appeal**

If the complainant is not satisfied with the response, they may request reconsideration within 15 calendar days of receiving it. Appeals should be submitted in writing to the City Administrator.

- The City Administrator will meet with the complainant to review the matter within 15 calendar days of receiving the appeal.
- The City Administrator will issue a written decision, or in an accessible format if required, within 15 calendar days of the meeting. This decision is final.

### **Recordkeeping**

All written complaints received and responses issued by the City ADA Coordinator and/or City Administrator will be retained by the City of Lake Forest Park for at least six (6) years.

## **Appendix A**

### **ADA Complaint Form – City of Lake Forest Park**

Americans with Disabilities Act of 1990, 42 USC § 12101

Washington's Law Against Discrimination, Chapter 49.60 RCW

#### **Complainant Contact Information:**

Name: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_ Message #:  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Mailing Address (if applicable):  
\_\_\_\_\_

#### **Aggrieved Party (if different from complainant):**

Name: \_\_\_\_\_

Street Address/City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Complainant: \_\_\_\_\_

#### **Incident Information:**

Department or Agency (if known): \_\_\_\_\_

Address/Location (if known): \_\_\_\_\_

Date(s) of Incident: \_\_\_\_\_

Primary Type of Disability: \_\_\_\_\_

Statement of Complaint: (Explain clearly what happened, who was involved, and where it happened. Attach additional sheets if needed.)

#### **City Staff Contacted (if any):**

\_\_\_\_\_

#### **Witnesses:**

\_\_\_\_\_

**Other Complaints or Lawsuits Filed (if any):**

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**Resolution Sought:**

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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 complaint.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Aggrieved Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_









# Resolution2030-25

Final Audit Report

2025-10-14

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