Appendix E

Sample Forms and Notices

Example ADA Notice of Non-Discrimination
Example Grievance Procedure
Example Grievance Form
Example Accommodation Request Form

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA"), the **[name of public entity]** will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: **[name of public entity]** does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA.

Effective Communication: **[Name of public entity]** will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in **[name of public entity's]** programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: **[Name of public entity]** will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in **[name of public entity]** offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of **[name of public entity],** should contact the office of ***[name and contact information for ADA Coordinator]*** as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the **[name of public entity]** to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of **[name of public entity]** is not accessible to persons with disabilities should be directed to ***[name and contact information for ADA Coordinator].***

[Name of public entity] will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

[Name of public entity]
Grievance Procedure under
The Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the **[name of public entity]**. The [**e.g. State, City, County, Town**]'s Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

[Insert ADA Coordinator's name]
ADA Coordinator [and other title if appropriate]
[Insert ADA Coordinator's mailing address]

Within 15 calendar days after receipt of the complaint, ***[ADA Coordinator's name]*** or ***[his/her]*** designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, ***[ADA Coordinator's name]*** or ***[his/her]*** designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the **[name of public entity]** and offer options for substantive resolution of the complaint.

If the response by ***[ADA Coordinator's name]*** or ***[his/her]*** designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the **[City Manager/County Commissioner/ other appropriate high-level official]** or ***[his/her]*** designee.

Within 15 calendar days after receipt of the appeal, the **[City Manager/County Commissioner/ other appropriate high-level official]** or ***[his/her]*** designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the **[City Manager/County Commissioner/ other appropriate high-level official]** or ***[his/her]*** designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by ***[name of ADA Coordinator]*** or ***[his/her]*** designee, appeals to the **[City Manager/County Commissioner/ other appropriate high-level official]** or ***[his/her]*** designee, and responses from these two offices will be retained by the **[public entity]** for at least three years.

Title II of the Americans with Disabilities Act
City of Mishawaka Notification Procedure

Instructions: Sign and return original with signature to:

ADA Coordinator
Mishawaka Human Resources Department
600 East Third Street
Mishawaka, IN 46544

Please fill out this form completely. Please note that this ADA notification procedure is for facilities, services and programs owned and/or operated by the City of Mishawaka.

Your name (*complainant*):			
Address:			
Contact numbers:	*Home*:	*Work*:	*Mobile*:
E-mail address:			
Reason for grievance/complaint, or why you feel you have been discriminated against. Please be specific and provide as much information as possible i.e. location, date, time, names etc. Use a separate sheet if more space is needed.			
State if you require an alternative form for any written follow-up communications:			
Your signature:		**Date:**	

If you have questions about this form, need an accommodation, or a different format, please contact the Human Resources office at (574) 258-1615 or send an email to bbonham@mishawaka.in.gov.

Please allow us 30 business days to investigate and respond to your complaint.

ADA Reasonable Accommodation Request Form

Date: _____

Employee's Name: _____

Phone: _____ Email: _____

Job title: _____ Department: _____

Supervisor's name: _____

Describe the nature, extent and duration of your disability:

_____

_____

Describe the accommodations you believe are needed to enable you to perform the essential functions of this job:

_____

_____

Provide the name, address, telephone and fax numbers of your health care provider. The provider may receive a request from us for information regarding your impairment/disability and recommendations for accommodations.

_____

_____

_____

Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

I authorize the release of information regarding my disability to [Company name} management as deemed necessary by human resources to facilitate this request for accommodation.

Employee signature: _____

Date: _____