

**RESOLUTION 2006-22**

**Compliance with the Americans with Disabilities Act of 1990**

**BE IT RESOLVED** by the Council of the City of Claremont, New Hampshire, after public hearing that:

**WHEREAS**, the U.S. Department of Justice has promulgated certain regulations pursuant to the Americans with Disabilities Act 1990; and

**WHEREAS**, 28 C.F.R. Section 35.107(a) of the said regulations establishes a requirement that a public entity with fifty (50) or more employees designate one or more grievance officers to comply with and carry out its responsibilities including any investigation of any complaint or allegation of a prohibited act; and

**WHEREAS**, such public entity is required to make available to all interested individuals the name, office address and telephone number of the employee or employees so designated; and

**WHEREAS**, such public entity is required under 28 C.F.R. Section 35.107(b) to adopt and publish grievance procedures providing for prompt and equitable resolution of complaints alleging discrimination or violation of the Americans with Disabilities Act 1990:

**NOW THEREFORE BE IT FURTHER RESOLVED** that

Dorée Russell

Michael Grace

Gloria LaCasse

are hereby appointed as Grievance Officers in compliance of the mandates of the Americans with Disabilities Act, and regulations promulgated thereunder and that pursuant to 28 CFR Section 106 notice be given that the grievance officers can be reached through the City Manager's Office, 58 Opera House Square, Claremont, NH 03743, (603-542-7002) and that these officer(s) are to serve at the pleasure of the Council; and

**BE IT FURTHER RESOLVED** that the attached Attachment No. 1 relating to grievance procedures and outlining the rules and regulations adopted by this Council and promulgated pursuant to the authority of 42 U.S.C. 12101 *et seq.* and 28 C.F.R. Section 35.107 are to remain in force at the pleasure of the Council and shall be available to any interested person by simple request; and

**BE IT FURTHER RESOLVED** that the attached Attachment No. 1 shall be identified and known by the following title: CITY of CLAREMONT DISABILITY DISCRIMINATION GRIEVANCE PROCEDURE; and

**BE IT FURTHER RESOLVED** that a certified true copy of this resolution be forwarded to each person herein appointed and to the City Clerk's Office of the City of Claremont.

Dated this 13<sup>th</sup> day of September 2006, the City of Claremont, County of Sullivan, State of New Hampshire

AYES	_____	ABSENT	_____
NAYS	_____	ABSTAIN	_____

CERTIFICATION

I, Dorée M. Russell, the undersigned officer, hereby certify that the foregoing Resolution was adopted by the City Council of the City of Claremont, New Hampshire, at a meeting duly noticed and held on Wednesday, September 13<sup>th</sup>, 2006.

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Dorée M. Russell, Clerk to the Council

Attachment: No. 1.

City of Claremont DISABILITY DISCRIMINATION

GRIEVANCE PROCEDURE

AUTHORIZED BY: THE CLAREMONT CITY COUNCIL OF THE

City of Claremont

AUTHORITY: 42 U.S.C. §12101 ET SEQ., AND 28 C.F.R §35.107

PREAMBLE

The ADA prohibits a public entity from discriminating against a qualified individual with a disability, or from excluding that person from participation in, or denying the person the benefits of, the services, programs or activities of the City. Regulations of the United States Justice Department (found at 28 C.F.R. Part 35) require that such governmental agencies maintain and publish a procedure to be followed when someone wishes to complain of a violation of the law. Under this procedure anyone, including an employee or applicant for employment, who believes he or she had been discriminated against in any program, service or activity of City of Claremont, may require the City to review and, if appropriate, to investigate the grievance. These rules set a **forty-five (45) day** objective for the completion of the inquiry by the City and the issuance of a written determination by the Administrator or a designee; **also set a thirty-day (30) day limit following the incident** complained of in which the individual may file the grievance.

The rules also identify by title, with address and telephone number, the grievance officers of City of Claremont. They will be the individuals authorized to receive the grievances in the first instance and, who will pass information on to the department head or an appropriate designee, for the purpose of the initial inquiry and the decision making process. These rules will also contain a form for filing a grievance and a Notice of ADA Procedure, a copy of which will be made available to interested persons.

## Chapter I

### **DISABILITY DISCRIMINATION GRIEVANCE PROCEDURE**

#### **SUBCHAPTER 1. DEFINITIONS**

The following words and terms, as used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

“ADA” means the Americans with Disabilities Act, 42 U.S.C. Sec. 12101 *et seq.*

“City” means the City of Claremont.

“Agency” means any department, division or entity controlled by the administration of the government of City of Claremont.

“Designated Grievance Officers” means the City ADA Coordinator and the City ADA Compliance Officer.

In addition the ADA Coordinator identified in the rule for this City is:

Dorée Russell

#### **SUBCHAPTER 2. GENERAL PROVISIONS**

##### Purpose

These rules are adopted by the City in satisfaction of the requirements of the ADA and regulations promulgated pursuant thereto, 28 C.F.R. 35. 107. The purpose of these rules is to establish designated grievance officers whose duties shall include assuring that the City complies with and carries out its responsibilities under the ADA. Those duties shall also include the investigation of any complaints filed with the City.

##### REQUIRED ADA NOTICE

In addition to any other advice, assistance or accommodation provided, a copy of the following notice shall be given to anyone who inquires regarding the agency’s compliance with the ADA or the availability of accommodation which would allow a qualified individual with a disability to receive services or participate in a program or activity provided by the agency.

## AGENCY NOTICE OF ADA PROCEDURE

The agency has adopted an internal grievance procedure providing 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. Title II states, in part, that “no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from participation in, be denied the benefits of or be subjected to discrimination” in programs or activities sponsored by a public entity.

Rules describing and governing the internal grievance procedure can be obtained by contacting the City ADA Coordinator or the City ADA Compliance Officer. As those rules indicate, complaints should be addressed to the agency designated ADA Coordinator or the City ADA Compliance Officer, who have been designated to coordinate ADA compliance efforts, at the following address:

*City Manager's Office, 58 Opera House Square, Claremont, NH 03743*

A complaint may be filed in writing or orally, but should contain the name and address of the person filing it, and briefly describe the alleged violation. A form for this purpose is available from the designated ADA Compliance Officer. In case of employment related complaints, the same procedures will be adopted. A complaint should be filed promptly within thirty (30) days after the complainant becomes aware of the alleged violation. An investigation, as may be appropriate, will follow the filing of a complaint. The investigation will be conducted by the agency's designated ADA Grievance Officer. The rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint. In most cases a written determination as to the validity of the complaint and the description of the resolution, if any, will be issued by the designated decision makers and a copy forwarded to the complainant no later than forty-five (45) days after its filing. The ADA Grievance Officers will maintain the files and records of the agency relating to the complaints filed. The right of a person to a prompt and equitable resolution of the complaint filed hereunder will not be impaired by the person's pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency or the New Hampshire Division of Civil Rights. Use of this

grievance procedure is not a prerequisite to the pursuit of other remedies. The rules are construed to protect the substantive rights of interested persons, to meet appropriate due process standards and to assure that the agency complies with the ADA and implementing federal rules.

### SUBCHAPTER 3. DESIGNATED GRIEVANCE OFFICERS Designated ADA

#### Grievance Officer

The designated coordinators of ADA compliance and complaint investigation for the City are:

Dorée Russell, 58 Opera House Square, Claremont, NH 03743

Michael Grace, 58 Opera House Square, Claremont, NH 03743

Gloria LaCasse, 58 Opera House Square, Claremont, NH 03743

All inquiries regarding the agency's compliance with the ADA and the availability of accommodation which would allow a qualified individual with a disability to receive services or participate in a program or activity provided by the agency should be directed to the designated grievance officers identified above. All complaints alleging that the agency has failed to comply with or has acted in a way that is prohibited by the ADA should be directed to the designated grievance officers identified in this section, in accordance with the procedures set forth.

### SUBCHAPTER 4. ADA COMPLAINT PROCEDURE

#### **Complaint Procedure.**

**Internal Grievance.** A complaint alleging that the agency has failed to comply with the ADA or has acted in a way that is prohibited by the ADA shall be submitted either in writing or orally to the designated ADA grievance officers.

**Complaint Contents:** A complaint submitted pursuant to this subchapter may be

submitted either in or on the forms set forth; Form No. 1, ADA 2 or ADA 3.

**A complaint submitted pursuant to this subchapter shall include the following information:**

The name of the complainant, and/or any alternate contact person designated by the complainant to receive communication or provide information for the complainant.

The address and telephone number of the complainant or alternate contact person.

A description of manner in which the ADA has not been complied with or has been violated.

Date and time of incident.

Name of any federal or state agency to which this incident has been reported.

Name and address and position of any City employee involved.

Name and address of any facility involved.

Name of department involved.

Name, address and telephone numbers of all witnesses.

Description of proposed remedy to satisfy the complainant.

Additional relevant information.

These rules and regulations will be effective as of September 13, 2006 confirmed by resolution of the Claremont City Council of the City of Claremont.

**Employment Complaint ADA 2**

Enforced by E.E.O.C.

City of Claremont

COMPLAINT FORM NO: ADA No. 2

Americans with Disabilities Act Grievance Form

- 1) Date:
- 2) Name of Grievant:
- 3) Address of Grievant:
  
- 4) Telephone number of Grievant:
- 5) Name, address & telephone number of alternate contact person:
  
- 6) Describe the manner in which the ADA has not been complied with or has been violated:
  
  
  
  
  
  
  
  
  
  
- 7) Give date and time of incident:
  
  
  
  
  
  
  
  
  
  
- 8) Give name of any federal or state agency to which this incident has been reported:
  
  
  
  
  
  
  
  
  
  
- 9) Give name and address and position of any City employee involved:

10) Give name, address and telephone number of all witnesses:

11) Describe any proposed remedy to satisfy your complaint:

12) Supply any additional information that you feel would help to expedite this investigation:

**Services, Programs, Access Etc., Complaint ADA 3**  
Enforced by Department of Justice

City of Claremont

COMPLAINT FORM NO. ADA No. 3

Complainant:

Address:

City, State & Zip Code:

Telephone: Home:  
Business:

Person Discriminated Against: (if other than the complainant)

Address:

City, State & Zip Code:

Telephone: Home:  
Business:

Government, organization or institution you believe has discriminated:

Name:

Address:

City, State & Zip Code:

Telephone:

When did the discrimination occur?

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on last page if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization or institution?

Yes                      No

If yes, what is the status of the grievance?

Has this complaint been filed with another bureau of the Department of Justice or any other Federal, State or local civil rights agency or court?

Yes \_\_\_\_\_ No \_\_\_\_\_

Agency or Court:

Contact person:

Address:

City, State & Zip Code:

Telephone number:

Do you intend to file with another agency or court?

Yes \_\_\_\_\_ No \_\_\_\_\_

Agency or Court:

Contact person:

Address:

City, State & Zip Code:

Telephone number:

ADDITIONAL SPACE FOR ANSWERS