CITY OF BOWLING GREEN
ADMINISTRATIVE INSTRUCTION NO. 32

ADA PUBLIC NOTICE AND
ADA GRIEVANCE PROCEDURE

PUBLIC NOTICE

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the City of Bowling Green will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: The City of Bowling Green 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: The City of Bowling Green will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City of Bowling Green'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: The City of Bowling Green 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 the City of Bowling Green's offices, even when 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 the City of Bowling Green, should contact Assistant Municipal Administrator, Joe Fawcett, in the Municipal Administrator's Office, as soon as possible but not later than 48 hours before the scheduled event.

The ADA does not require the City of Bowling Green 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 City of Bowling Green is not accessible to persons with disabilities should be directed to Assistant Municipal Administrator, Joe Fawcett.

The City of Bowling Green 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.
Grievance Procedure

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 City of Bowling Green. The City's Personnel Policy Letter No. 8 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/his designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Mr, Joe Fawcett
Assistant Municipal Administrator
City of Bowling Green
304 North Church Street
Bowling Green, Ohio 43402-2399

Within 15 calendar days after receipt of the complaint Mr. Fawcett or his designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Mr. Fawcett or his designee will respond in writing, and when appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of Bowling Green and offer options for substantive resolution of the complaint.

If the response by Mr. Fawcett or his designee does not satisfactorily resolve the issue, the complainant and/or his/his designee may appeal the decision within 15 calendar days after receipt of the response to the Municipal Administrator Lori Tretter or her designee.

Within 15 calendar days after receipt of the appeal, Mrs. Tretter or her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, Mrs. Tretter or her designee will respond in writing, and, when appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by Mr. Fawcett or his designee, appeals to Mrs. Tretter or her designee, and responses from these two offices will be retained by the City of Bowling Green for at least three years.

Richard A. Edwards, Mayor

Date
ADMINISTRATIVE INSTRUCTION NO. 32
GRIEVANCE FORM

GRIEVANCE
DISCRIMINATION BASED ON DISABILITY

It is the policy of the City of Bowling Green to provide assistance in filling out this form. If assistance is needed, please ask:

Assistant Municipal Administrator Joe Fawcett
ADA Compliance Officer- City of Bowling Green
304 North Church Street
Bowling Green, Ohio 43402
419-354-6204

Name: ________________________________________________

Address:
____________________________________________________________________________________

City, State, Zip Code:
____________________________________________________________________________________

Telephone Number:
____________________________________________________________________________________

The Best Means and Time for Contacting: __________________________________________________

____________________________________________________________________________________

Program, Service, or Activity to which Access was Denied or in which alleged discrimination occurred:
____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Nature of Alleged Discrimination:

(Attach additional sheets, if necessary)

I certify that I am qualified or otherwise eligible to participate in the program, service, or activity and the above statements are true to the best of my knowledge and belief.

______________________________
Signature

______________________________
Date

Please give to the ADA Compliance Officer at the address listed on front page.

For Office Use Only

Date Received: ___________________ By: ____________________