

RESOLUTION NO. 9869

A RESOLUTION TO GIVE NOTICE ABOUT THE ADA REQUIREMENTS, DESIGNATE AN ADA COORDINATOR AND ESTABLISH A SECTION 504 AND ADA COMPLAINT RESOLUTION PROCEDURE

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NOTICE UNDER THE ADA

WHEREAS, Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990 (ADA), as amended, provide comprehensive civil rights protection to individuals with disabilities in the areas of employment, public accommodations, state and local government services and programs, and telecommunications. Title II of the ADA states, in part, that:

No otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subject to discrimination in programs or activities sponsored by a public entity.

WHEREAS, in accordance with the requirements of Title II of the ADA, the City of Great Falls will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

WHEREAS, the City of Great Falls does not discriminate on the basis of disability in its hiring or employment practices and the City of Great Falls complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

WHEREAS, the City of Great Falls 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 Great Falls' 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.

WHEREAS, the City of Great Falls 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.

WHEREAS, an individual who may require 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 Great Falls, should contact the office of the City Clerk as soon as possible, but no later than 48 hours before the scheduled event. The ADA does not require the City of Great Falls to take any action that would fundamentally alter the nature of its program or services, or impose an undue financial or administrative burden.

DESIGNATION OF ADA COORDINATOR

WHEREAS, complaints that a program, service or activity of the City of Great Falls is not accessible to persons with disabilities should be addressed to the City Clerk and ADA Coordinator, PO Box 5021, Great Falls, MT, (406) 455-8451, lkunz@greatfallsmt.net, TDD # (406) 454-0495. Montana Relay System for the Deaf: Dial 711 or 1-800-253-4091 to use Montana Relay.

COMPLAINT RESOLUTION PROCEEDURE

WHEREAS, the City of Great Falls has adopted this complaint procedure to meet the requirements of the 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 Great Falls. The City of Great Falls' personnel policy governs employment-related complaints of disability discrimination.

WHEREAS, an individual who believes that he/she or a specific class of individuals with disabilities has been subjected to unlawful discrimination on the basis of that disability by the City of Great Falls or any of the City of Great Falls' contractors or suppliers may, by himself or herself or by an authorized representative, file a written complaint.

WHEREAS, the written complaint should be addressed to: City Clerk and ADA Coordinator, PO Box 5021, Great Falls, MT, (406) 455-8451, TDD # (406) 454-0495. Montana Relay System for the Deaf: Dial 711 or 1-800-253-4091 to use Montana Relay. The City Clerk has been designated as the ADA Coordinator to coordinate compliance with Section 504 of the Rehabilitation Act of 1973, as amended, and the ADA of 1990, as amended.

WHEREAS, the City of Great Falls will use the following complaint resolution procedure:

1. The complaint must be filed in writing and contain the name, address, and telephone number of the individual or representative filing the complaint; a description of the alleged discriminatory action in sufficient detail to inform the City of Great Falls of the nature and date of the alleged violation; the signature of the complainant or authorized representative; and a description of the correction action that is being sought. Complaints filed on behalf of a third party must identify the alleged victims of the discrimination. Complaints may be filed on the attached complaint form.
2. The complaint must be received within 20 calendar days after the alleged violation occurs. This time may be extended, as determined by the ADA Coordinator for good cause shown, but in no case later than 60 calendar days after the alleged violation.

3. The ADA Coordinator or designee shall promptly conduct an informal investigation of the complaint. Within 15 calendar days after receipt of the complaint, the ADA Coordinator, or designee will offer to meet with the complainant to discuss the complaint and the possible resolutions.
4. Within 15 calendar days of the meeting, or 30 calendar days after receipt of the complaint if the offer to meet is not accepted, the ADA Coordinator or designee will respond in writing, and where appropriate, in a format accessible to the complainant.
5. If the response by the ADA Coordinator or 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 or designee.
6. Within 15 calendar days after receipt of the appeal, the City Manager or designee will offer to meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, or 30 calendar days after receipt of the appeal if the offer to meet is not accepted, the City Manager or designee will respond in writing, and where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.
7. The City of Great Falls will maintain the files and records relating to the complaint and its investigation according to the records retention schedule for personnel documents found in Chapter 800, Montana Operations Manual, Volume 1.
8. Nothing in this complaint resolution procedure shall be construed as preventing an individual from pursuit of other remedies, including filing a formal complaint with the Montana Human Rights Commission, with any federal agency the individual believes is appropriate, or with the U.S. Department of Justice. The time limit for filing a formal complaint is 180 days after the alleged incident. This procedure also does not preclude the individual's right to file a lawsuit in federal district court.
9. Retaliation against any complainant under this complaint resolution procedure or against any person who assists a complainant in his/her pursuit of a complaint under this complaint resolution procedure is prohibited.

NOW, THEREFORE, BE IT FURTHER RESOLVED BY THE COMMISSION OF THE CITY OF GREAT FALLS, MONTANA that the notice about the ADA requirements, designation of an ADA coordinator and establishment of a Section 504 and ADA complaint resolution procedure listed above and the complaint form attached is hereby approved and adopted.

PASSED AND ADOPTED by the City Commission of the City of Great Falls, Montana, on this 16th day of November, 2010.

Michael J. Winters, Mayor

ATTEST:

Lisa Kunz, City Clerk

(Seal of the City)

APPROVED FOR LEGAL CONTENT:

James W. Santoro, City Attorney

CITY OF GREAT FALLS

ADA COMPLAINT FORM

COMPLAINANT'S NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ (8:00 am - 5:00 pm, Mon - Fri)

PLEASE DESCRIBE THE ALLEGED DISCRIMINATORY ACTION OR DENIAL OF SERVICE. Please provide sufficient details. Include: description of alleged discriminatory action, names, dates, places, actions/events, witnesses, etc.

[] **CHECK HERE** if additional pages are attached

PLEASE SPECIFY WHAT CORRECTIVE ACTION YOU ARE SEEKING.

CHECK HERE if additional pages are attached

SIGNATURE OF PERSON MAKING COMPLAINT

DATE

COMPLAINTS SHOULD BE ADDRESSED TO: Lisa Kunz, City Clerk and ADA Coordinator,
P.O. Box 5021, Great Falls, MT 59403. Telecommunications Device for the Deaf – TDD:
(406) 454-0495. **Dial 711 or 1-800-253-4091 to use the Montana Relay Service.**

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FOR AGENCY USE ONLY

SIGNATURE

DATE

TITLE