

# 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 Town of Chandler, Indiana will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

**Employment:** The Town of Chandler 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 Town of Chandler 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 Town of Chandler'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 Town of Chandler 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 Town of Chandler's 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 the Town of Chandler, should contact the office of Kathy Lemmons, ADA Coordinator, (812) 925-6882, as soon as possible, but no later than 48 hours before the scheduled event.

The ADA does not require the Town of Chandler 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 the Town of Chandler is not accessible to persons with disabilities should be directed to Kathy Lemmons, ADA Coordinator, (812) 925-6882.

The Town of Chandler 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.

**AMERICANS WITH DISABILITIES DISCRIMINATION GRIEVANCE POLICY and PROCEDURE**  
**Town of Chandler, Indiana**

**GRIEVANCE POLICY**

The Town of Chandler is committed to ensuring that people with disabilities are able to take part in and benefit from the variety of public programs, services, and activities offered by the Town. The Town of Chandler continues to modify its facilities, programs, policies and/or practices as necessary to ensure such access is provided.

**GRIEVANCE PROCEEDURE**

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), and ADA Amendments Act of 2008, the Town of Chandler (Town) does not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

**1. Who may file a grievance?**

You or your representative may file a grievance if you believe that:

- The Town is not in compliance with the physical access requirements of the Americans with Disabilities Act as it relates to Town facilities, land or rights-of-way, or
- You, or a specific class of individuals, have been denied access to participate in any Town program, service, or activity due to your disability, or
- You, or a specific class of individuals, have been otherwise subjected to discrimination on the basis of your disability, or
- The Town has otherwise violated the ADA or its amendments.

**2. When should a grievance be filed?**

Before filing a grievance, you may seek informal resolution by contacting the appropriate Town department supervisor. If your informal concern is not resolved in a timely fashion, you may file a formal grievance under this procedure.

You are to file your grievance as soon as possible within 60 calendar days of the alleged discrimination.

**3. What should the grievance include?**

The grievance must be in writing on the Town's Grievance Form. The Grievance Form is available at Town Hall, as well as on the Town's website: [www.townofchandler.org](http://www.townofchandler.org).

**4. What if I need assistance filling out my grievance?**

If you need assistance completing the Grievance Form, assistance will be provided to you upon request. Please contact the ADA Coordinator for assistance.

**5. Where do I file my grievance?**

Once the Grievance Form is completed, it can be mailed to or hand delivered to the following address:

Kathy Lemmons, ADA Coordinator  
Town of Chandler  
417 E. Jefferson Street  
Chandler, IN 47610

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**6. What happens after I file my grievance?**

After receiving your grievance, the ADA Coordinator will investigate the alleged discrimination within 30 calendar days. The investigation may include you and any other person(s) the ADA Coordinator believes to have relevant knowledge concerning your grievance. The ADA Coordinator may also consider any written evidence submitted.

After completing the investigation, the ADA Coordinator will review the factual information gathered and present the grievance and his findings to the Board of Public Works at their next scheduled public meeting. The ADA Coordinator will inform you of the meeting date, time and location so that you may attend if you wish.

After the Board of Public Works makes a decision regarding your grievance, the ADA Coordinator will then provide you a written response within 14 calendar days of the Board of Public Works meeting.

**7. What can I do if I'm not satisfied with the initial investigation by the Town?**

If you are not satisfied with the written response you may submit an appeal with 21 calendar days of your receipt of the response. All appeals must be submitted in writing to the {insert name of board: Example: Board of Public Works and Safety} at the following address:

{Chandler Board of Public Works and Safety}  
c/o {Town Council President}  
417 E. Jefferson Street  
Chandler, IN 47610

Within 30 calendar days after receipt of an appeal, the ADA Coordinator will meet with the grievant to discuss a resolution. Within 21 calendar days after that meeting, the ADA Coordinator will respond with a final resolution.

If you are not satisfied with the results of the appeal, you may file a complaint with the appropriate agency or department of the State or Federal Government. Contact the U.S. Dept. of Justice for information about how to file a complaint with these agencies. [www.ada.gov](http://www.ada.gov)

Using this grievance procedure is not required prior to pursuing any of your other remedies. However, in the interest of a prompt and amicable resolution of your grievance, the Town of Chandler encourages you to use this procedure in addition to any other available alternatives you may chose.

**AMERICANS WITH DIABILITIES DISCRIMINATION GRIEVANCE FORM**  
**Town of Chandler, Indiana**

**INSTRUCTIONS:** Please fill out this form completely in blue or black ink or type. Submit as directed in the Grievance Policy. Assistance filling out the form will be made available upon request.

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

Address: \_\_\_\_\_ email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

If a representative is filing this grievance on behalf of another person, his/her personal information must also be included:

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

Address: \_\_\_\_\_ email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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Town Dept. that you believe has discriminated: \_\_\_\_\_

Date and Time of the alleged discrimination: \_\_\_\_\_

Location or Address of alleged discrimination: \_\_\_\_\_

Describe your grievance and the nature of your disability. Please provide the name(s) of the individuals who allegedly discriminated against you, or list the Town facilities you feel are in violation of the ADA:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and contact information of witnesses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What type of corrective action would you like to see taken? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the grievance been filed with another agency of the Local, State or Federal Government? \_\_\_\_\_

If yes, please indicate which agency: \_\_\_\_\_

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_