

POLICY MEMORANDUM

To: All Citizens and Town Employees
From: John Carrington, Interim Town Manager
Date: May 19, 2020 (Revised), May 24, 2011 (Revised), May 1, 2010 (Revised), September 14, 1992 (Original)
Subject: ADA Grievance Procedures

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in employment practices and policies or the provision of services, activities, programs or benefits by the Town of Mansfield.

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/designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Holly Schaefer
Director of Human Resources/ADA Coordinator
860.429.3395
SchaeferHA@mansfieldct.org

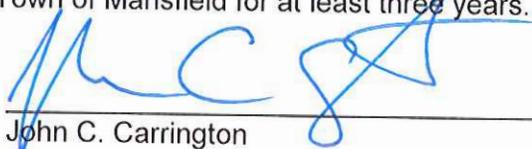
Within 15 calendar days after receipt of the complaint, Ms. Schaefer will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, Ms. Schaefer will respond in writing, and, where appropriate, in a format accessible to the complainant, such as large print, Braille or audio tape. The response will explain the position of the Town of Mansfield and offer options for substantive resolution of the complaint.

If the response by Ms. Schaefer does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision of the ADA coordinator within 15 calendar days after receipt of the response to the Town Manager.

Within 15 calendar days after receipt of the appeal, the Town Manager will meet the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Town Manager 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 Ms. Schaefer, appeals to the Town Manager, and responses from the ADA coordinator and Town Manager will be kept by the Town of Mansfield for at least three years.

May 19, 2020



John C. Carrington
Interim Town Manager



Your place to grow

ADA NOTICE

The Town of Mansfield does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities. The Town of Mansfield does not discriminate on the basis of disability in its hiring or employment practices.

This notice is provided by Title II of the Americans with Disabilities Act of 1990.

Questions, concerns, complaints, or requests for additional information regarding the ADA may be forwarded to the Town of Mansfield's designated ADA Compliance Coordinator.

Name: Holly Schaefer
Title: Director of Human Resources/ADA Coordinator
Office Address: Audrey P. Beck Municipal Building
4 South Eagleville Road, Mansfield, CT 06268
Phone Number: 860.429.3395
Email Address: SchaeferHA@mansfieldct.org
Days/Hours Available: Monday-Wednesday: 8:15 a.m. to 4:30 p.m.
Thursday: 8:15 a.m. to 6:30 p.m.
Friday: 8:00 a.m.-12:00 p.m.

Individuals who need auxiliary aids for effective communication in programs and services of the Town of Mansfield are invited to make their needs and preferences known to the ADA Compliance Coordinator.

This notice is available upon request in large print, on audio tape, and in Braille, from the ADA Compliance Coordinator.



John C. Carrington
Interim Town Manager

5/19/2020
Date

SECTION 504 SELF-EVALUATION QUESTIONNAIRE

The following questions will help applicants complete your self-evaluation. The questions are organized into five areas: 1) Program Policy and Procedures, 2) Employment, 3) Effective Communication, 4) Notice of Nondiscrimination, and 5) Grievance Procedure. Applicants should mark Yes or No for each question, and should be prepared to provide written documentation to support these answers.

Program Policy and Procedures

1. Does your town or city have a written policy stating that it does not discriminate against people with disabilities? Yes No

2. Does your staff know and understand about your commitment not to discriminate? Yes No

3. Does your town or city provide training on 504/ADA, (including access issues, sensitivity and awareness) on different disability groups? Yes No

4. Do you have a designated coordinator for the Section 504 Rehabilitation Act and the Americans With Disabilities Act (ADA) compliance requirements? Yes No

5. Do you identify the persons with disabilities and other individuals who helped in your self-evaluation, and is their participation described? Yes No

6. Do you briefly describe your town or city programs and services, including their purpose, scope, activities, and participants? Yes No

7. Do you list and review the resource manuals that govern your programs, including laws, statutes, rules, policies, ordinances, and other guidelines? Yes No

8. Do you describe any services provided by your agency to particular disability groups? Yes No
9. Do you describe a separate or special program for individuals with disabilities? Yes No
10. If yes to #9, do you have written procedures to ensure that these individuals may also participate in programs available to the public? Yes No
11. In the following areas, do you describe any program eligibility, admission requirement, or licensing standards that an individual must meet before qualifying for a benefit or service provided by your town or city that may directly or indirectly affect individuals with disabilities. **For any item marked yes, describe the steps taken to modify your agency's policies, practices, and procedures.** Yes No
- a. Deny a qualified individual with a disability the opportunity to participate in or benefit from the aid, benefit, or service? Yes No
- b. Afford an opportunity for participation or benefit that is not equal to that afforded others? Yes No
- c. Provide a qualified individual with a disability with an aid, benefit, or service that is not as effective in affording equal opportunity to obtain the same result, gain the same benefit, or reach the same level of achievement as that provided to others? Yes No
- d. Provide different or separate aids, benefits, or services to individuals with disabilities unless necessary to make them as effective as those provided to others? Yes No
- e. Provide assistance or contract with a person or entity that discriminates based on disability? Yes No
- f. Deny a qualified individual with a disability the opportunity to participate as a member of planning or advisory boards? Yes No
- g. Limit the enjoyment of a qualified individual with a disability any right, privilege, advantage or opportunity enjoyed by other qualified individuals who receive your services? Yes No

Employment

1. In the following areas, do you describe your policies, practices or procedures that are followed to ensure that there is no discrimination based on disabilities? Yes No
 - a. Recruiting advertisements Yes No
 - b. Processing of applications Yes No
 - c. Employment testing Yes No
 - d. Interviewing and orientation Yes No
 - e. Promotion, transfer, demotion, lay-off, or reinstatement, including changes in compensation resulting from these actions Yes No
 - f. Job assignments Yes No
 - g. Job classifications, use of unpaid leave of vacation and sick leave, absence, or compensatory time Yes No
 - h. Opportunities for and financial support of training opportunities, conferences, health and insurance benefits, agency-sponsored activities, including recreational or social programs Yes No
2. Do you describe how you ensure that any employment-related criteria (including minimum qualifications and testing requirements) which would adversely affect the opportunities of individuals with disabilities are related to the job and are a business necessity? Yes No
3. Do you describe how your town or city responds to a request for an accommodation in testing and interviews? Yes No
4. Do you describe the steps taken to ensure that nondiscriminatory questions are asked in a hiring interview? Yes No

5. Do you describe the steps that are taken to determine if an individual with a disability is capable of performing the essential functions of a particular job, with or without a reasonable accommodation? Yes No

6. Do you describe the process the town or city uses to determine whether a request for a reasonable accommodation on the job can be granted or would cause undue hardship? Yes No

7. Do you describe your town or city's policy and procedures for maintaining the confidentiality of employee medical information, voluntary self-identification of disability, and requests for accommodation? Yes No

8. Do you describe the training or other measures taken to ensure that employees and supervisors do not subject individuals with disabilities to discrimination because of insensitivity or lack of knowledge? Yes No

Effective Communication

1. Do you describe the steps taken by your agency to ensure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others? Yes No

2. If any written materials are provided by your program or services, are the following alternatives provided? Yes No

- | | | | |
|----|------------------|---|--|
| a. | audio tape | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Braille | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. | reader | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. | aide | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. | mailed to home | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. | large print | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. | interpreter | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. | other assistance | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Do you describe the auxiliary aids and services that will be provided to individuals with a disability? Yes No
4. Do you describe how an individual with a disability may request assistance and express their preference for auxiliary aids and services? Yes No
5. Do you describe how your town or city regularly advertises to the public that you will provide auxiliary aids and services for effective communication to participate in your programs and services? Yes No
6. Do you describe how your town or city will ensure that meetings, hearings, and conferences will be accessible for individuals with communication disabilities? Yes No
7. Do you describe how the town or city will provide auxiliary aids or services on request? Yes No
8. Do you describe how your town or city will use TDD (telecommunication device for the disabled) or the state relay system to communicate with those who have impaired hearing or speech, including training of staff? Yes No
9. Do you have a 911 emergency service? Yes No
10. If yes to #9, is there a TDD connected to this service? Yes No

11. If you use relay services, do you list the name of the company and type of services provided? Yes No

12. Are your TDD or relay service phone numbers printed on agency brochures, notices, and letterhead listed in telephone directories? Yes No

13. Does your town or city have an 800 number? Yes No

14. If yes to # 13, do you describe how the town or city has made the 800 number usable by persons with hearing impairments? Yes No

15. Do you let the public use your telephone? Yes No

16. If yes to question 15, is there at least one designated phone that is hearing-aid compatible? Yes No

17. If your town or city determines that equally effective communication cannot be provided, do you have the following: Yes No

a. A statement included in your self-evaluation from the head of your agency or designee. Yes No

b. Reasons why the service, program or activity would be fundamentally altered or would result in undue financial and administrative burdens Yes No

c. A description of what other action will be taken to benefits or services to the maximum extent possible Yes No

Notice of Nondiscrimination

1. Does your self-evaluation include a copy of your Notice of Nondiscrimination? Yes No
2. Does your notice include the following information?
 - a. A statement that your entity does not discriminate under 504 or the ADA Yes No
 - b. Your 504/ADA coordinator's name, address, telephone number, and office hours Yes No
 - c. A statement that asks individuals to give at least three to five days advance notice to request auxiliary aids or other services Yes No
 - d. A statement notifying availability of individuals about the alternative formats Yes No
 - e. A statement that your town or city has a grievance procedure available to resolve complaints Yes No
3. Do your written materials contain a notice that your town or city complies with Section 504/ADA and will offer accommodations for individuals with disabilities? Yes No
4. Are you documenting methods on how you will make your notice available to the public on an ongoing basis? Yes No
5. Are you publishing your policy of non-discrimination in the newspaper once a year? Yes No

Grievance Procedure

1. Have individuals with disabilities used your services in the past? Yes No
2. Have there been obvious difficulties or complaints about your services from individuals with disabilities? Yes No

3. If yes to #2, do you document the problems and steps to resolve these concerns? Yes No
4. Do you have written procedures on how to deal with those specific problems or complaints? Yes No
5. Do you have written procedures on what to do if your town or city cannot accommodate a person with a disability? Yes No
6. Does your self-evaluation include a copy of your grievance procedure? Yes No
7. Does your plan include action steps to notify the public on an ongoing basis about your grievance procedure? Yes No
8. Does your grievance procedure include a statement allowing an individual to submit a grievance in alternative formats? Yes No
9. Does your grievance procedure include a time limit to file a complaint? Yes No
10. Does your grievance procedure inform individuals of their right to file a complaint with a state or federal agency and include the appropriate address(es)? Yes No

5/19/2020
Date



Municipality's Chief Executive Officer

JOHN C. CARRINGTON
INTERIM TOWN MANAGER