



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 City of Conover will not discriminate against qualified individuals with disabilities in its services, programs, or activities.

Employment: The City of Conover does not discriminate based on 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 Conover, upon request, will provide appropriate aids and services for effective communication for qualified persons with disabilities. Effective communication is essential in the equal participation of City of Conover programs, services, and activities. Available aids and services include 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 Conover will make all reasonable modifications to policies and programs to ensure that qualified individuals with disabilities have an equal opportunity to participate in all of its programs, services, and activities. This applies to service animals and other services as requested.

Anyone who requires an auxiliary aid should contact the office of the **ADA Coordinator, Averi Ritchie, at adaco@wpcog.org or (828) 514-5200**, as soon as possible, but no later than 72 hours before the scheduled event. *Auxiliary aid includes services for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the City of Conover.* Individuals with registered service animals only need to provide notice if event accommodations are necessary.

The ADA does not require the City of Conover to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Grievances involving accessibility restrictions for persons with disabilities, that will be utilizing the City of Conover programs, services, or activities; are handled by the **ADA Coordinator, Averi Ritchie, at (828) 514-5200.**

The City of Conover will not place a surcharge on persons with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy. This includes retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

The following 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 grievance alleging discrimination based on disability in the provision of services, activities, programs, or benefits by the City of Conover. The City of Conover's Personnel Policy governs employment-related grievances of disability discrimination.

The grievance 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 grievances, such as personal interviews or a tape recording of the grievance will be available for persons with disabilities upon request.

The grievance should be submitted by the complainant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Averi Ritchie
ADA Coordinator
1880 2nd Ave NW
Hickory, NC 28601

Within 10 business days after receipt of the grievance, the ADA Coordinator or his/her designee will meet with the complainant to discuss the grievance and possible resolutions. Within 10 business days of the meeting, the ADA Coordinator or his/her designee 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 City of Conover and offer options for substantive resolution of the grievance.

If the response by the ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 10 business days after receipt of the response to the ADA Supervisor/ City Manager or his/her designee.

Within 10 business days after receipt of the appeal, the ADA Supervisor/ City Manager or his/her designee will meet with the complainant to discuss the grievance and possible resolutions. Within 10 business days after the meeting, the ADA Supervisor/ City Manager or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the grievance.

All written grievances received by the ADA Coordinator or his/her designee, appeals to the ADA Supervisor/ City Manager or his/her designee, and responses from these two offices will be retained by the City of Conover for three (or more) years.

******Please mail, email, or fax in the following form:***

The City of Conover Grievance Procedure under The Americans with Disabilities Act

In accordance with the requirements of Title II of the American with Disabilities Act of 1990 (“ADA”) and Section 504 of the Rehabilitation act of 1973, the City of Conover (the “City”) will not discriminate against qualified individuals with disabilities in its facilities, services, programs, or activities.

Note: the following information is necessary to assist the City in processing a grievance. If any person interested in filing a grievance needs assistance (including sign language assistance, documents in Braille or other ways of making information and communications accessible) please contact the City’s ADA Coordinator in the Western Piedmont Council of Governments ADA Compliance Division.

Office hours of ADA Coordinator: Monday – Friday, 9 a.m. – 5 p.m.

Email: adaco@wpcog.org

Phone: (828) 514-5200

Please mail, email, or fax this form:

ADA Coordinator

Western Piedmont Council of Governments

1880 2nd Ave NW Hickory, NC 28601

Email: adaco@wpcog.org

Fax: (828) 322-5991

Please fill out all questions listed below:

1. Date of incident resulting in grievance: _____

2. Complainant’s Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____ Email: _____

3. Person discriminated against (if someone other than Complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____ Email: _____

Americans with Disabilities and Section 504 of the Rehabilitation Act of 1973 Grievance Form Regarding a City of Conover Service, Program or Activity

4. City of Conover agency, facility, department, or program grievance is about:

Name of agency/facility/department/program: _____

AMERICANS WITH DISABILITIES ACT DISCRIMINATION GRIEVANCE PROCEDURE

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____ Email: _____

5. In your own words, describe the circumstances leading to this grievance. What happened and who was responsible? If possible, provide names of the individuals involved. For additional space, attach additional sheets of paper as necessary.

6. If not already provided in question number 5, where did the incident take place? Please provide as much information about the facility as possible.

7. Were there any witnesses to the incident? YES / NO If yes, please provide as much information as possible about any witness(es)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____ Email: _____

8. Have you filed or intend to file a grievance about this same incident with any other federal, state or local governmental agency or with a federal or state court? Please check any that apply:

___ Federal Agency: _____

___ Federal Court: _____

___ State Agency: _____

___ State Court: _____

___ Local Agency: _____

___ Other: _____

9. If checked in question eight, please provide the contact information of the person with the agency/court/other:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____ Email: _____

Date filed _____

AMERICANS WITH DISABILITIES ACT DISCRIMINATION GRIEVANCE PROCEDURE

10. Please provide any additional information that you believe would assist with an investigation.

11. Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

****WE CANNOT ACCEPT AN UNSIGNED GRIEVANCE.** Please sign the grievance in the space provided below and date. Attach any documents you believe may support your grievance.

Complainant's Signature

Date