



## **NOTICE OF PUBLIC HEARING**

The City of Millersville Board of Commissioners will conduct a Public Hearing on Tuesday, September 17, 2019 at 5:30 P.M. in the Commission Chambers at City Hall, 1246 Louisville Highway, Millersville, TN to consider the following:

1. A Resolution (19-R-14) adopting an American with Disabilities Act (ADA) Policy including appointing an ADA Coordinator; establishing Procedures for Requests for Accommodations, Complaints, and Grievances; and their associated forms.

All interested parties are invited to attend this meeting and make their views known.

**CITY OF MILLERSVILLE  
RESOLUTION NO. 19-R-14**

**A RESOLUTION DEFINING AN AMERICAN WITH DISABILITIES ACT (ADA) POLICY  
STATEMENT INCLUDING DESIGNATING AN ADA COORDINATOR AND PROCEDURES  
FOR REQUESTS FOR ACCOMMODATIONS, COMPLAINTS AND GRIEVANCES**

**WHEREAS**, the American with Disabilities Act (ADA) enacted on July 26, 1990 provides comprehensive civil rights protections to persons with disabilities in areas of employment, state and local government services, and access to public accommodations, transportation and telecommunications; and

**WHEREAS**, Title II of the American with Disabilities Act applies to public entities including state and local governments and the programs, services, and activities they provide; and

**WHEREAS**, Title II, Article 8 of the American with Disabilities Act requires public entities to take steps designed to achieve compliance with the act; and

**WHEREAS**, the Tennessee Department of Transportation (TDOT) has recently taken defined steps to ensure local government compliance with the act by 2019; and

**WHEREAS**, the State of Tennessee and the United States Department of Justice (US DOJ) requires a full-time employee to be designated as an ADA Coordinator; and

**WHEREAS**, the City of Millersville's ADA Policy for accommodations and grievance procedure will be publicized and posted on the City's website and available at City Hall; and

**WHEREAS**, the City of Millersville employs less than 50 employees as defined by the United States Department of Justice (US DOJ).

**NOW, THEREFORE, BE IT RESOLVED** by the Millersville Board of Commissioners that:

**Section 1.** The City shall designate the Development Services Director, or other full-time employee as designated by the City Manager, as the ADA Coordinator. The ADA Coordinator shall be certified per the requirements of the State of Tennessee; and

**Section 2.** The City of Millersville does hereby adopt the attached ADA Notice, Request for Accommodations and Grievance Policy and associated forms; and

**Section 3.** The City shall within one (1) year of attaining fifty (50) or more employees, as defined by the US DOJ, the City of Millersville will complete a self-evaluation of all public programs and facilities and develop a Transition Plan to resolve non-compliance issues.

**Resolved** on this 17<sup>th</sup> day of August, 2019

BOARD OF COMMISSIONERS

By: \_\_\_\_\_  
Timothy F. Lassiter, Mayor

Attest:

By: \_\_\_\_\_  
Holly L. Murphy, City Recorder

## **City of Millersville American with Disabilities Act Policy**

The American with Disabilities Act (ADA) was approved by Congress and signed into law by President George H.W. Bush on July 26, 1990. The ADA is a comprehensive civil rights law prohibiting discrimination based on disability. The ADA law broadly protects the rights of individuals with disabilities in employment, access to State and local government services, places of public accommodations, transportation and other important areas of American life. The ADA law also requires newly designed and constructed or altered State and local government facilities, public accommodations and commercial facilities to be readily accessible to and usable by individuals with disabilities.

### **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 Millersville will not discriminate against qualified individuals with disabilities based on disability in its services, programs, or activities.

***Employment:*** The City of Millersville 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 Millersville will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in City of Millersville'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 Millersville 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 City of Millersville 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 City of Millersville, should complete an Applicant Accommodation Request Form. Forms can be found on the City's website, [www.cityofmillersville.com](http://www.cityofmillersville.com). Please submit the form to the City Manager's Office at [citymanager@cityofmillersville.com](mailto:citymanager@cityofmillersville.com) as soon as possible but **no later than 48 business hours before the scheduled event.**

The ADA does not require the City of Millersville 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 City of Millersville is not accessible to persons with disabilities should be directed to:

ADA Coordinator  
1246 Louisville Hwy  
Millersville, TN 37072  
615-859-0880

The City of Millersville will not place a surcharge on an individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aid/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.

## City of Millersville

### Grievance Procedure under the Americans with Disabilities Act

The Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990. It may be used by anyone wishing to file a complaint alleging discrimination based on disability in the provisions of services, activities, programs or benefits by the City of Millersville.

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 availability and use of this grievance procedure via a submission of a Grievance form does not preclude filing a complaint of discrimination with any appropriate state or federal agency. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies.

There is a separate complaint procedure for ADA issues relating to employment. Please contact the City of Millersville's City Manager for further information regarding employment issues.

#### **Grievances shall be processed in the following manner:**

**Step 1:** The complaint should contain as much information as possible about the alleged discrimination, including pictures if possible. The Grievant or his/her representative should file a Grievance form with the City Manager's office no later than thirty (30) calendar days from the date of the alleged discrimination. The City of Millersville Grievance form is available at City Hall during regular business hours and on the City's website at [cityofmillersville.com](http://cityofmillersville.com). Other arrangements for submitting a request, such as personal interviews or tape recordings, as well as assistance in completing forms, are available by contacting the ADA Coordinator.

Once the grievance is received in the City Manager's Office, the ADA Coordinator will be notified and will review the complaint. The ADA Coordinator will notify the Grievant in writing of any additional information that is needed to complete the complaint. If the Complainant fails to complete the Grievance form or provide additional information, the ADA Coordinator shall close the complaint without prejudice.

If the complaint cannot be resolved after review by the ADA Coordinator within fourteen (14) calendar days following receipt, it will be returned to the City Manager Office for further review and investigation.

**Step 2:** Upon receipt of notification from the ADA Coordinator of an unresolved complaint, the City Manager shall review the grievance and render his or her finding(s) and recommendation(s) to the ADA Coordinator within thirty (30) calendar days of receipt of the complaint. Written notification from the ADA Coordinator shall be sent to the Grievant and the City Manager with a copy provided to the Board of City Commissioners within forty five (45) calendar days of receipt of the complaint.

**Step 3:** If at this stage the complaint cannot be satisfactorily resolved, the complaint shall be submitted to the Board of City Commissioners. Upon receipt of such appeal, the Board of City Commissioners shall hear the complaint at their next scheduled public meeting. A determination shall be made by the Board of City Commissioners within thirty (30) calendar days of the meeting. The decision of the Board of City Commissioners shall be the final decision at the municipal level.

The City of Millersville is dedicated to ensuring that all City programs, benefits, activities and facilities are fully accessible to and useable by persons with disabilities. The City of Millersville is here to serve the community and to coordinate and ensure equal access for all. Any questions or concerns about accessibility issues regarding City programs and services should be directed to the City of Millersville ADA Coordinator.

# City of Millersville

## Applicant Accommodation Request

Please type or print information and return to the City Manager's office. Information contained on this form is classified as CONFIDENTIAL to the extent permitted by law. Information obtained or generated in the processing of this accommodation request may be released to individuals or agencies participating in the evaluation or provision of this accommodation. For further information, contact the ADA Coordinator at 615-859-0880.

### CONTACT INFORMATION

Full Name:
Address:
City, State & Zip Code:
Phone No.:
Email Address:

What is the position for which you are applying?
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Describe the portion(s) of the employment test and/or the position for which you are requesting an accommodation: Please be specific.
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Describe any accommodations you believe would be a benefit in this portion of testing process, on the job, or accommodations successfully used in the past:
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Describe the nature of your disability:

How does the disability prevent you from performing the employment testing function or essential job function?

Attach additional pages as necessary.

**CERTIFICATION: I hereby certify that the information and statements above are true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you need assistance, require an accessible format, or have questions about this form, please contact the City of Millersville ADA Coordinator at 615-859-0880.

# ADA GRIEVANCE FORM

**Instructions: Please complete and sign the form and submit it within 30 calendar days of any incident to:**

City of Millersville  
Attn: City Manager  
1246 Louisville Hwy  
Millersville, TN 37072

For more information or assistance in completing this form, please contact the City of Millersville's ADA Coordinator at 615-859-0880

**Type of Grievance (check all that apply):**

- Program/Service/Activity  
 Facility Accessibility  
 Other: \_\_\_\_\_

## CONTACT INFORMATION

**Reporting Individual:**

Full Name:
Address:
City, State & Zip Code:
Phone No.:
Email Address:

**Authorized Representative of Reporting Individual (if any):**

Full Name:
Address:
City, State & Zip Code:
Phone No.:
Email Address:



## DETAILS OF COMPLAINT / INCIDENT

Date/Time of Incident: \_\_\_\_\_

**Department/Facility/Location Involved:**

**Describe the incident/complaint with enough detail so the nature of the grievance can be understood. Add additional pages if necessary.**

**Have attempts been made to resolve the complaint through a City Department? If yes, please describe the efforts that have been made.**

**What remedy are you seeking?**

**CERTIFICATION: I hereby certify that the information and statements above are true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the City of Millersville's ADA Coordinator at 615-859-0880

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.