



Grievance Procedure Under the Americans with Disabilities Act

This 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 complaint alleging discrimination on the basis of a disability in the provision of services, activities, programs, or benefits by Edwardsville Township, Illinois. Edwardsville Township’s Personnel policy governs employment-related complaints of disability discrimination.

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

R. Andrey Ayers
ADA Coordinator
Edwardsville Township
300 W Park Street
Edwardsville, Illinois 62025
618-656-0292

aayers@edwardsvilletownship.com

Within fifteen calendar days after receipt of the complaint, R. Andrey Ayers or a designee will meet with the complainant to discuss the complaint and the possible resolutions. Within fifteen calendar days of the meeting, R. Andrey Ayers, or a 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 Edwardsville Township and offer options for substantive resolution of the complaint.

If the response by R. Andrey Ayers or a designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within fifteen calendar days after receipt of the response to the Supervisor of Edwardsville Township or a designee.

Within fifteen days after receipt of the appeal, the Supervisor of Edwardsville Township or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen calendar days after the meeting, the Supervisor of Edwardsville Township or a designee 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 R. Andrey Ayers or a designee, appeals to the Supervisor of Edwardsville Township or a designee, and responses from these two offices will be retained by Edwardsville Township for at least three years.



**Edwardsville Township
ADA Grievance Form**

Today's Date: _____

Complainant:

Address: _____

City, State,

Zip: _____

Telephone/E-mail:

Alleged Violation: Date(s) and Approximate Time of Occurrence:

Detailed Description of Violation and City Department Involved:

Requested Action by the Township to Correct Violation:

Has a Complaint been filed with State or Federal Agency: ____ Yes ____ No

Name of Agency:

Contact Person:

Date Filed:

If there are witnesses, please list names and addresses separately.

Signature:

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (“ADA”), **Edwardsville Township** will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: **Edwardsville Township** 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: **Edwardsville Township** will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in **Edwardsville Township** 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: **Edwardsville Township** 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 **Edwardsville Township** 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 **Edwardsville Township** should contact the office of the **ADA Coordinator, R. Andrey Ayers at 618-656-0292** as soon as possible but no later than one week before the scheduled event.

The ADA does not require **Edwardsville Township** 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 **Edwardsville Township** is not accessible to persons with disabilities should be directed to the **ADA Coordinator, R. Andrey Ayers at 618-656-0292**.

Edwardsville Township 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.