

## TOWN OF TONAWANDA POLICY AND PROCEDURE

Name/Title of Policy: <b>Americans with Disabilities Act (ADA) Reasonable Accommodation and Grievance Procedure (External Requests) – Title II</b>	Policy #:
Prepared by: Timothy Callan	Applies to: Any individual outside of Town government with a Reasonable Accommodation or ADA complaint
Reference:	

Effective Date	December 2017		
Revision Date			

### Reasonable Accommodation

As required by federal and state laws, the Town of Tonawanda will make reasonable accommodations to persons within the town, such as residents, who meet the criteria to seek and receive reasonable accommodations for the provision of Town services, unless providing such accommodations would impose an undue hardship upon the Town.

The requirement to provide reasonable accommodations applies to disabilities that are known to the Town. The reasonable accommodations process, including a description of key terms, is set forth below and should be followed by persons requesting reasonable accommodation from the Town.

### Definition of Key Terms

A **requestor** is an individual with a disability who requests reasonable accommodations (if needed) to access Town services or facilities.

A **disability** is (1) a physical, medical, mental or psychological impairment, or (2) a history or record of such an impairment, or (3) being regarded as having such an impairment.

**Undue hardship** is action that is excessively costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the Town’s business.

**Reasonable accommodations**, which are described more fully below, are modifications or adjustments to that promote equal opportunities to access Town services or facilities for an individual with a disability. Accommodations are not reasonable if they impose an undue hardship of the employer.

**ADA Coordinator (Title II)** refers to the Town’s responsible officer for ADA and reasonable accommodation issues under Title II of the Americans with Disabilities Act. Currently, Rachele Uschold May is the Town’s ADA Coordinator.

**ADA Appeals Officer** refers to the Town's appeals officer for ADA and reasonable accommodation issues under Title II of the Americans with Disabilities Act. Currently, Director of Labor Relations Eileen Fleming, Esq., is the ADA Appeals Officer.

### **Reasonable Accommodation Request Process**

Persons with a disability who seek a reasonable accommodation to utilize Town services or facilities should complete a Request for Reasonable Accommodation form (attached) and submit that form to ADA Coordinator Rachelle Uschold May, Town of Tonawanda, 1835 Sheridan Drive, Buffalo, New York 14223, 716-879-6685 (office) or [rmay@tonawanda.ny.us](mailto:rmay@tonawanda.ny.us).

### **Grievance Procedure**

The Grievance Procedure is established to meet the requirements of the ADA and federal and state laws. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Town of Tonawanda.

The Town maintains other policies governing employment-related complaints of disability discrimination for Town employees or applicants for employment. This Grievance Procedure is intended for use for persons **other than** Town employees or applicants for employment alleging discrimination or complaining about an ADA or reasonable accommodation matter.

### **Filing a Complaint**

For those persons filing an ADA complaint against the Town of Tonawanda, the complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number and email of the complainant and the location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, can be made available by the Town for persons with disabilities upon request.

The complaint 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:

Rachelle Uschold May  
ADA Coordinator  
Town of Tonawanda  
1835 Sheridan Drive  
Buffalo, New York 14223  
716-879-6685  
[rmay@tonawanda.ny.us](mailto:rmay@tonawanda.ny.us)

Within 15 calendar days after receipt of the complaint, Ms. May or her designee will contact the complainant to discuss the complaint and the possible resolutions.

Within 15 calendar days of that dialogue/meeting, Ms. May or her designee will respond in writing, and/or 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 Tonawanda and offer options for substantive resolution of the complaint.

## **Appealing a Town Response**

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

ADA Appeals Officer Eileen Fleming  
Director of Labor Relations  
Town of Tonawanda Department of Personnel  
291 Ensminger Road  
Tonawanda, NY 14150  
[efleming@tonawanda.ny.us](mailto:efleming@tonawanda.ny.us)

Within 15 calendar days after receipt of the appeal, Ms. Fleming or her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, Ms. Fleming or her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

## **Record Retention**

All written complaints received by Ms. May or her designee and appeals to Ms. Fleming or her designee, and responses from these two offices will be retained by the Town of Tonawanda for at least three years.

**TOWN OF TONAWANDA  
REQUEST FOR REASONABLE ACCOMMODATION FORM**

The Town requests the completion of this form to assist it in assessing your request for a reasonable accommodation under federal and state laws. This initial information will be part of an interactive process with you as we explore your request. The responses you provide may generate the need for additional medical information to be submitted by the requestor.

**TO BE COMPLETED BY REQUESTOR**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Phone (Mobile) \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

A. What limitation(s) is interfering with your job application process? \_\_\_\_\_

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

B. How does your limitation(s) interfere with your ability to participate in your job application process?

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

C. Describe any suggested accommodation(s) that you believe will assist you in addressing the above-referenced limitation(s): \_\_\_\_\_

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

D. Explain how that suggested accommodation(s) will assist you: \_\_\_\_\_

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

E. If applicable, identify the source and/or cost (if known) for providing the accommodation(s):

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

If necessary, attach additional sheets to explain your request.

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM TO THE TOWN OF TONAWANDA'S ADA COORDINATOR  
Attention: Rachelle Uschold May, ADA Coordinator, Town of Tonawanda  
1835 Sheridan Drive, Buffalo, New York 14223 or [rmay@tonawanda.ny.us](mailto:rmay@tonawanda.ny.us)**

**TO BE COMPLETED BY TOWN DEPARTMENT THAT HAS JURISDICTION OVER THE ISSUE AT HAND**

\_\_\_ I have reviewed and concur with the reasonable accommodations request. I can accommodate the request.

\_\_\_ I have reviewed this request and do not concur with the request, nor can I accommodate the request. I have detailed my rebuttal and attached relevant documentation to this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

**RETURN THIS FORM TO THE TOWN OF TONAWANDA'S ADA COORDINATOR  
Attention: Rachelle Uschold May, ADA Coordinator, Town of Tonawanda  
1835 Sheridan Drive, Buffalo, New York 14223 or [rmay@tonawanda.ny.us](mailto:rmay@tonawanda.ny.us)**

**TO BE COMPLETED BY INTERNAL ADA COORDINATOR**

\_\_\_ The request for reasonable accommodation(s) is approved as requested.

- Purchase order completed
- Work order completed

\_\_\_ The request for reasonable accommodation(s) is approved with the following modifications:

---

---

---

\_\_\_ The request for reasonable accommodation(s) is denied for the following reason(s):

---

---

---

The process for appealing a denial of a reasonable accommodation to the Town's ADA Appeals Officer will be provided to the requestor if the request for accommodation(s) is denied.

Signature \_\_\_\_\_ Date \_\_\_\_\_