



City of Cheyenne ADA Policy and Grievance Procedure

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 Cheyenne will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: The City of Cheyenne 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: The City of Cheyenne will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City of Cheyenne's programs, services, and activities, which may 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 Cheyenne will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all programs, services, and activities. For example, individuals with service animals are welcomed in the City of Cheyenne 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 Cheyenne, should contact the office of Eric Fountain, ADA Coordinator, at (307) 637-6301 as soon as possible but no later than 48 hours before the scheduled event. The ADA does not require the City of Cheyenne 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 Cheyenne is not accessible to persons with disabilities should be directed to Eric Fountain, ADA Coordinator, at (307) 637-6301. The City of Cheyenne 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.

The City of Cheyenne 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 disability in the provision of services, activities, programs, or benefits by the City of Cheyenne. The City of Cheyenne's Personnel Policy governs employment-related complaints of disability discrimination. The complaint should be in writing (see form below) 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:

Eric Fountain, ADA Coordinator
efountain@cheyennecity.org
City of Cheyenne
2101 O'Neil Avenue, Room 310
Cheyenne, WY 82001

Within 15 calendar days after receipt of the complaint, the ADA Coordinator, or designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator, or 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 Cheyenne and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator, or 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 the Mayor's Office.

Within 15 calendar days after receipt of the appeal, the Mayor, or designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Mayor, or 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 ADA Coordinator, or designee, appeals to the Mayor, and responses will be retained by the City of Cheyenne for at least three years.

This policy is printed and available from the ADA Coordinator's office and displayed on the City's website for easy access.



TITLE II AND TITLE VI COMPLAINT FORM

INSTRUCTIONS: If you would like to submit a Title VI or Title II Complaint (you feel you have been discriminated against on the grounds of race, color, national origin or physical/mental disability) to the City of Cheyenne, please complete the form below and return to: City of Cheyenne, ADA Coordinator, 2101 O'Neil Avenue, Room 310, Cheyenne, WY 82001. For questions, please contact the ADA Coordinator at (307) 637-6301 or email efountain@cheyennecity.org. Please be sure to sign this form as we cannot accept your complaint without a signature. This document is available in accessible formats (e.g., large print, electronic) upon request.

Name (Complainant):	
Phone: _____ (Home) _____ (Cell) _____ (Work)	Home Address (Street#, City, State, Zip Code):
Are you filing this complaint on your own behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please supply the name and relationship of the person for whom you are complaining:
Please explain why you have filed for a third party:	
Did you obtain permission of the aggrieved party to file on their behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicable, the name of the person(s) who you believe discriminated against you:	Date, time and location of the incident:
Discrimination based on (please check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Physical/Mental Disability	
Briefly explain what happened and how you feel you were discriminated against. Please include how you feel that others were treated differently than you. (Please attach additional page(s) if necessary)	

Why do you believe these events occurred:

Is there any other information that you feel may be relevant to this investigation:

How can these issues be resolved to your satisfaction:

Please list any person(s) who we can contact for additional information or to support/clarify your complaint:

Name:

Address:

Phone Number:

Have you filed a complaint with any other federal, state or local agencies: Yes No

If yes, please list agency/agencies and contact information below (please use back of form if additional space is needed).

Agency: _____

Address: _____

Contact Person: _____

Phone: _____

Signature (Complainant):

Date of Filing: