2012070519 ORDINANCE $25.00
11/14/2012 01:28:02P 8 PGS
Mary L. Clark
HAMILTON County Recorder IN
Recorded as Presented

ORDINANCE 12-35
AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF WESTFIELD, INDIANA ADOPTING THE AMERICANS WITH DISABILITIES ACT (ADA) ADA COORDINATOR AND GRIEVANCE PROCEDURES

WHEREAS, the Federal government enacted the Americans with Disabilities Act of 1990 (ADA) to prevent discrimination of the physically and mentally disabled relating to employment and access to public facilities; and

WHEREAS, in compliance with Title II of the ADA the City of Westfield Will name an ADA Coordinator; and

WHEREAS, in compliance with Title II of the ADA the City of Westfield Will adopt a grievance procedure for resolving complaints alleging violation of Title II of the ADA; and

WHEREAS, in compliance with Title II of the ADA the City of Westfield Will publish notice to the public regarding the ADA; and

WHEREAS, in compliance with Title II of the ADA the City of Westfield Will post the ADA coordinator's name, office address, and telephone number along with the ADA Notice and ADA grievance procedure on its website.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Westfield, Indiana:

The Human Resource Coordinator is designated as the ADA Coordinator for the City. The Notice under the Americans with Disabilities Act, a copy of which is attached hereto, is adopted as the City of Westfield Notice under the Americans with Disabilities Act.

The City of Westfield Grievance Procedure under the Americans with Disabilities Act, a copy of which is attached hereto, is adopted as the grievance procedure for addressing complaints alleging discrimination on the basis of disability in the provision of services, activities, programs or benefits by the City of Westfield.

In compliance with Federal and State laws as set forth above, the City Council resolves to post the required information regarding the ADA coordinator, Notice under the Americans with Disabilities Act, and City of Westfield Grievance Procedure under the

Americans with Disabilities Act on its website and at such other locations as may be determined from time to time.

ALL OF WHICH IS ORDAINED THIS 12 DAY OF Nov, 2012.

WESTFIELD COMMON COUNCIL

Voting For	**Voting Against**	**Abstain**
Jim Ake	Jim Ake	Jim Ake
John Dippel	John Dippel	John Dippel
Steven Hoover	Steven Hoover	Steven Hoover
Robert L. Horkay	Robert L. Horkay	Robert L. Horkay
Robert J. Smith	Robert J. Smith	Robert J. Smith
Cindy L. Spoljaric	Cindy L. Spoljaric	Cindy L. Spoljaric
Robert W. Stokes	Robert W. Stokes	Robert W. Stokes

ATTEST:

Cindy J. Gossard, Clerk Treasurer

"I affirm, under the penalties [illegible] that I have taken reasonable [illegible] each Social Security Number [illegible] document, unless required by law."

Signed

I hereby certify that ORDINANCE NO. 12-35 was delivered to the Mayor of Westfield on the 13 day of Nov, 2012, at 10:30 A.m.

Cindy J. Gossard, Clerk Treasurer

I hereby APPROVE Ordinance No. 12-35

this 13 day of Nov, 2012.

J. Andrew Cook, Mayor

I hereby VETO Ordinance No. 12-35

this _____ day of _____, 2012.

J. Andrew Cook, Mayor

ATTEST:

Cindy J. Gossard, Clerk Treasurer

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

Employment: **City of Westfield** 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: **City of Westfield** will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in any of the **City of Westfield'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: **City of Westfield** 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 any **City of Westfield** 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 **City of Westfield,** should contact the office of:

Human Resource Manager
c/o ADA Coordinator
2728 E 171st Street
Westfield, IN 46074

as soon as possible but no later than 48 hours before the scheduled event.

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

Human Resource Manager
c/o ADA Coordinator
2728 E 171st Street
Westfield, IN 46074

The City of Westfield 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.

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 Westfield. The City of Westfield 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:

Human Resource Manager
c/o ADA Coordinator
2728 E 171st Street
Westfield, IN 46074

Within 15 calendar days after receipt of the complaint, Human Resource Manager or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the Human Resource 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 Westfield, and offer options for substantive resolution of the complaint.

If the response by the or his 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* or his/her designee. Contact number for the Mayor is 317-804-3000.

Within 15 calendar days after receipt of the appeal, the *Mayor* or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the *Mayor* or its 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 the Human Resource Manager or his/her designee, appeals to the Mayor or his/her designee, and responses from these two offices will be retained by the City of Westfield for at least three years.

ADA GRIEVANCE FORM

Name:_____
Address:_____
City: _____ **State:** _____**Zip:** _____
Phone: (____) _____ **Email:** _____

Please provide a complete description of your grievance:

_____
_____
_____
_____

Please specify the location of your grievance:

_____
_____
_____
_____

Please state what you think should be done to resolve the grievance:

_____
_____
_____
_____

Please attach additional pages as needed.

Signature: _____Date:_____

Please return to: **Diana Peyton**
City of Westfield ADA Coordinator
2728 E 171st Street
Westfield, IN 46074

Upon request, reasonable accommodation will be provided in completing this form. Contact the City of Westfield ADA Coordinator at 317-804-3005 or go to the location listed above.