

ORDINANCE NO. 2012-8

ORDINANCE REGARDING COMPLIANCE WITH THE
AMERICANS WITH DISABILITIES ACT OF 1990

WHEREAS, the City of Rising Sun, Indiana, (the "City") recognizes its obligation to comply with the Americans with Disabilities Act of 1990 (42 USC 12101 *et seq.*) (the "ADA");

WHEREAS, the City is committed to ensuring that people with disabilities are able to take part in and benefit from the variety of public programs, services, and activities offered by the City. The City continues to modify its facilities, programs, policies and/or practices as necessary to ensure such access is provided;

WHEREAS, in accordance with the requirements of Title II of the ADA and ADA Amendments Act of 2008, the City does not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities;

WHEREAS, any person or their representative may file a grievance if:

- The City is not in compliance with the physical access requirements of the ADA as it relates to City facilities, land or rights-of-way, or;
- You, or a specific class of individuals, have been denied access to participate in any City program, service, or activity due to your disability, or;
- You, or a specific class of individuals, have been otherwise subjected to discrimination on the basis of your disability, or;
- The City has otherwise violated the ADA or its Amendments.

NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF RISING SUN, INDIANA, states as follows:

1. The ADA Coordinator shall be the individual that holds the position of "Project Manager" for the City of Rising Sun, Indiana.

2. Members of the public, including individuals with disabilities and groups representing individuals with disabilities, are encouraged to submit suggestions to the ADA Coordinator on how the City might better meet the needs of individuals with disabilities pursuant to this stated policy.

3. The City hereby adopts the following internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U. S. Department of Justice regulations implementing Title II of the Americans with Disabilities which states, in part, that "no otherwise qualified individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination" in programs or activities sponsored by the City.

Grievance Procedure:

(1) Before filing a grievance, a complainant may seek informal resolution by contacting the appropriate City department supervisor. If your informal concern is not resolved in a timely fashion, you may file a formal grievance under this procedure. You are to file your grievance as soon as possible within sixty (60) calendar days of the alleged discrimination.

(2) The grievance must be in writing on the City's Grievance Form. The Grievance Form is available at City Hall, as well as on the City's website: www.cityofrisingsun.com.

(3) If you need assistance completing the Grievance Form, assistance will be provided to you upon request. Please contact the ADA Coordinator for assistance.

(4) Once the Grievance Form is completed, it can be mailed to or hand delivered to the following address:

ADA Coordinator
City of Rising Sun
200 North Walnut Street
Rising Sun, IN 47040

(5) After receiving your grievance, the ADA Coordinator will investigate the alleged discrimination within thirty (30) calendar days. The investigation may include you and any other person(s) the ADA Coordinator believes to have relevant knowledge concerning your grievance. The ADA Coordinator may also consider any written evidence submitted.

After completing the investigation, the ADA Coordinator will review the factual information gathered and present the grievance and his findings to the Board of Public Works and Safety at their next scheduled public meeting. The ADA Coordinator will inform you of the meeting date, time and location so that you may attend if you wish.

After the Board of Public Works makes a decision regarding your grievance, the ADA Coordinator will then provide you a written response within fourteen (14) calendar days of the Board of Public Works meeting.

(6) If you are not satisfied with the written response, you may submit an appeal with twenty-one (21) calendar days of your receipt of the response. All appeals must be submitted in writing to the Board of Public Works and Safety at the following address:

Rising Sun Board of Public Works and Safety
% Mayor's Office
200 North Walnut Street
Rising Sun, IN 47040

Within thirty (30) calendar days after receipt of an appeal, the ADA Coordinator will meet with the complainant to discuss a resolution. Within twenty-one (21) calendar days after that meeting, the ADA Coordinator will respond with a final resolution.

If you are not satisfied with the results of the appeal, you may file a complaint with the appropriate agency or department of the State or Federal Government. Contact the U.S. Department of Justice for information about how to file a complaint with these agencies. www.ada.gov

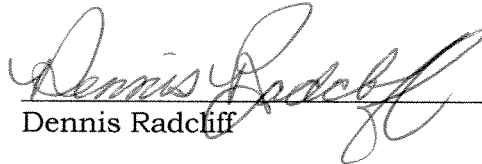
Using this grievance procedure is not required prior to pursuing any of your other remedies. However, in the interest of a prompt and amicable resolution of your grievance, the City of Rising Sun encourages you to use this procedure in addition to any other available alternatives you may chose.

Effective Date. This ordinance shall be in full force and effect immediately after its passage and approval by the Mayor of the City of Rising Sun, Indiana, and after proper publication and posting as required by law.

PASSED AND APPROVED by the Common Council of the City of Rising Sun, Indiana this 2ⁿ day of Aug, 2012.



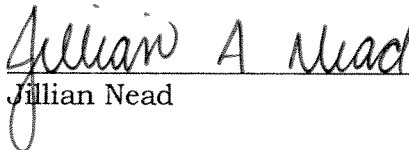
Steve Slack




Dennis Radcliff



Mike Padgett

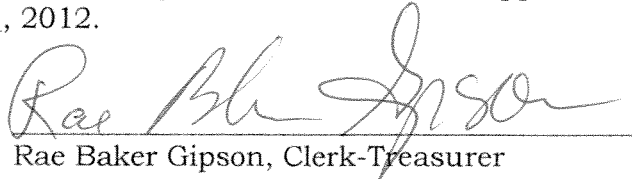


Jillian Nead



Gary Kinnett

Presented by me to the Mayor of the City of Rising Sun, Indiana, for his approval and signature this 2 day of Aug, 2012.



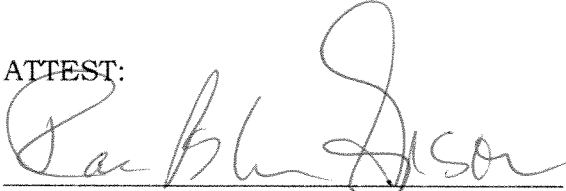
Rae Baker Gipson, Clerk-Treasurer

This Ordinance duly approved and signed by me on this 2ⁿ day of Aug, 2012.



Branden Roeder, Mayor

ATTEST:



Rae Baker Gipson, Clerk-Treasurer

AMERICANS WITH DIABILITIES DISCRIMINATION GRIEVANCE FORM
City of Rising Sun, Indiana

INSTRUCTIONS: Please fill out this form completely in blue or black ink or type. Submit as directed in the Grievance Policy. Assistance filling out the form will be made available upon request.

Complainant's Name: _____

Address: _____ email: _____

Home Telephone: _____ Cell: _____

If a representative is filing this grievance on behalf of another person, his/her personal information must also be included:

Representative Name: _____

Address: _____ email: _____

Home Telephone: _____ Cell: _____

City Dept. that you believe has discriminated: _____

Date and Time of the alleged discrimination: _____

Location or Address of alleged discrimination: _____

Describe your grievance and the nature of your disability. Please provide the name(s) of the individuals who allegedly discriminated against you, or list the City facilities you feel are in violation of the ADA:

Names and contact information of witnesses: _____

What type of corrective action would you like to see taken? _____

Has the grievance been filed with another agency of the Local, State or Federal Government? _____

If yes, please indicate which agency: _____

Complainant's Signature: _____ Date: _____

Representative Signature: _____ Date: _____