

City of Hohenwald

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), City of Hohenwald will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities offered by us.

Employment: City of Hohenwald 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 Hohenwald will upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the 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 Hohenwald will generally 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. 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 Hohenwald, should contact the office of, ADA Coordinator as soon as possible but no later than 72 hours before the scheduled event.

The ADA does not require the City of Hohenwald 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 Hohenwald is not accessible to persons with disabilities should be directed to ADA Coordinator.

The City of Hohenwald 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 policies.

City of Hohenwald

The Americans with Disabilities Act Title II Grievance Procedure

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 Hohenwald. The City of Hohenwald'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 a personal interview or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The written 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:

ADA Coordinator

Amanda Dunn

118 W. Linden Avenue

Hohenwald, TN 38462

Email: adunn@hohenwald.com

Phone: 931-796-2231

Fax: 931-796-6055

Copies of the compliant form may be printed from the website or a copy may be obtained and submitted by contacting the ADA Coordinator.

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

If the response by the ADA Coordinator or his/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 the City Clerk or his/her designee.

Within 15 calendar days after receipt of the appeal, the City Mayor or his/her designee will meet with or otherwise contact the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Mayor or his/her 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 ADA Coordinator or his/her designee, appeals to the City Mayor or his designee, and responses from these two offices will be retained by the City of Hohenwald for at least three years.

City of Hohenwald

NOTICE TO THE PUBLIC

Title VI Nondiscrimination Policy

The City of Hohenwald hereby gives public notice that it is the policy of the City of Hohenwald to ensure full compliance with Title VI of the Civil Rights Act of 1964; 49 CRF, part 21; related statutes and regulations to no end that no person shall be excluded from participation or be denied the benefits of or be subjected to discrimination under any program or activity receiving federal financial assistance from the U.S. Department of Transportation on the grounds of race, color or national origin.

Any person who believes they have been subjected to unlawful discriminatory practice under Title VI has a right to file a formal complaint. The complaint must be filed with the City of Hohenwald, within 180 days from the date of the alleged discriminatory act or upon notice of the discriminatory act.

The complaint form may be obtained from the Title VI Coordinator:

Mrs. Jane Wayland
City Clerk
118 W. Linden Avenue
Hohenwald, TN 38462
Email: jwayland@hohenwald.com
(931) 796-2231

City of Hohenwald
ADA Discrimination Complaint

1. Name (Complainant):	Phone:	3. Home Address (Street #, City, State, Zip):	
4. If applicable, Name of person(s) who allegedly discriminated against you:			
5. Date of alleged incident:	6. Location and position of person(s) if known:		
7. Discrimination because of: <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Race/Color</div><div style="width: 33%;"><input type="checkbox"/> Sex (includes sexual harassment)</div><div style="width: 33%;"><input type="checkbox"/> Vietnam Era Veteran</div><div style="width: 33%;"><input type="checkbox"/> National Origin</div><div style="width: 33%;"><input type="checkbox"/> Sexual Orientation</div><div style="width: 33%;"><input type="checkbox"/> Disabled Veteran</div><div style="width: 33%;"><input type="checkbox"/> Creed/Religion</div><div style="width: 33%;"><input type="checkbox"/> Martial Status</div><div style="width: 33%;"><input type="checkbox"/> Retaliation</div><div style="width: 33%;"><input type="checkbox"/> Disability</div><div style="width: 33%;"><input type="checkbox"/> Age</div></div>			
8. Briefly explain in detail what happened and how you believe you were discriminated against. Indicate all who was involved and how you feel others were treated differently than you. Please also attach any written materials pertaining to the incident.			
9. Why do you believe these events occurred?			
10. What other information do you think is relevant to the investigation?			
11. How can this be resolved to your satisfaction?			
12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses, fellow employees, supervisors and/or others:			
Name:	Job Title:	Phone Number:	Address:
Signature:			Date:

City of Hohenwald
Title VI Discrimination Complaint Form

1. Name (Complainant):	Phone:	3. Home Address (Street #, City, State, Zip):	
4. If applicable, Name of person(s) who allegedly discriminated against you:			
5. Date of alleged incident:	6. Location and position of person(s) if known:		
7. Discrimination because of: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Race/Color</div><div><input type="checkbox"/> Sex (includes sexual harassment)</div><div><input type="checkbox"/> Vietnam Era Veteran</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> National Origin</div><div><input type="checkbox"/> Sexual Orientation</div><div><input type="checkbox"/> Disabled Veteran</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Creed/Religion</div><div><input type="checkbox"/> Martial Status</div><div><input type="checkbox"/> Retaliation</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Disability</div><div><input type="checkbox"/> Age</div></div>			
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9. Why do you believe these events occurred?			
10. What other information do you think is relevant to the investigation?			
11. How can this be resolved to your satisfaction?			
12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses, fellow employees, supervisors and/or others:			
Name:	Job Title:	Phone Number:	Address:
Signature:			Date: