

RESOLUTION No. 2010-09

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CLARKSTON,
WASHINGTON, ADOPTING A POLICY AND NOTICE REGARDING THE
AMERICANS WITH DISABILITIES ACT.


WHEREAS, the Congress of the United States adopted the Americans with Disabilities Act of 1990 (ADA) to prohibit discrimination against individuals with disabilities; and

WHEREAS, the City of Clarkston is required to comply with the ADA;

NOW THEREFORE, BE IT RESOLVED by the City Council of the City of Clarkston, Washington:

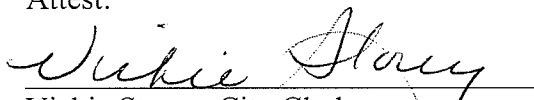
That the policy and procedures and notice attached hereto as Exhibit "A" are hereby adopted as an official policy of the City.

PASSED by the City Council of the City of Clarkston at a regular meeting held on the 8th day of March, 2010.



Donna M. Engle, Mayor

Attest:



Vickie Storey, City Clerk

Approved as to Form:

James Grow, City Attorney

Exhibit "A"

PURPOSE:

To establish a policy for ensuring reasonable access to services, programs and activities of the City of Clarkston and a procedure with which a person with disabilities can identify and request resolution of accommodation within a service, program or activity of local government.

ORGANIZATIONS AFFECTED:

Applies to all departments / divisions.

POLICY:

The City of Clarkston does not discriminate on the basis of disability. It is the policy of the City to assure disabled persons the opportunity to participate in, or benefit from employment, services, activities and facilities, where possible. The City, upon request, will provide reasonable accommodation in compliance with the Americans with Disabilities Act and the Washington Law Against Discrimination.

DEFINITIONS:

Disabled Individual – an individual (1) with a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) with a record of such impairment; or (3) who is regarded as having such an impairment.

Reasonable Accommodation – modifications or adjustments that enable an individual with a disability to enjoy equal benefits and privileges as are enjoyed by other individuals without disabilities, without placing an undue hardship on the operation of the City.

REFERENCES:

1. The Americans with Disabilities Act of 1990, Title II
2. Washington State Law Against Discrimination

NOTICE:

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990, the City of Clarkston does not discriminate against qualified individuals with disabilities on the basis of disability in the City's services, programs or activities.

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990, the City of Clarkston does not discriminate on the basis of disability in its hiring or

employment practices and complies with all regulations promulgated by the Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication: The City of Clarkston, will, upon request, attempt to provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City's programs, services and activities. We strive to make information and communication accessible to people who have speech, hearing or vision impairments.

Modifications to Policies and Procedures: The City of Clarkston will make reasonable modifications to policies and programs to ensure that people with disabilities have equal opportunity to enjoy all City programs, services and activities. For example, individuals with service animals are welcomed in city offices and parks, where animals are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication or modification of policies or procedures to participate in a City program, service or activity, should contact the person or department who scheduled the event as soon as possible but no later than 72 hours before the scheduled event. If you are not sure who you should contact, you may contact the ADA Coordinator identified in this notice.

The ADA does not require the City to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

The City will not place a surcharge on a particular individual with a disability or group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy.

ADA Questions and Complaints: The City of Clarkston has an ADA Coordinator and a grievance procedure. Those are intended to ensure that complaints are handled promptly. Equitable resolution is strived for through the review process. Please contact the ADA Coordinator with questions or complaints about the ADA compliance efforts.

ADA Coordinator:

Vickie Storey
830 5th Street
Clarkston, WA 99403

Phone: (509) 758-5541
Email: clarkstoncity@cablone.net

PROCEDURE:

1. The City Clerk of the City of Clarkston shall be the City's ADA Coordinator.

2. Requests for accommodation may first be directed to the individual responsible for the program, activity or service to which access is requested.
3. If access is not accommodated, a formal complaint must be submitted in writing to the ADA Coordinator within 30 working days after the complainant becomes aware of the alleged violation. Reasonable accommodation to assist in completing the form is available upon request.
4. The complaint must contain the name, address, and telephone number of the individual filing the complaint; briefly describe the alleged violation and the requested accommodation resolution. A form is available, but is not necessary.
5. The ADA Coordinator will conduct an informal, but thorough, review affording the complainant and the affected department(s) an opportunity to submit information relevant to the complaint and potential accommodation/resolution.
6. A written response and description of the accommodations/resolutions, if any, will be issued by the ADA Coordinator and sent to the complainant within 30 calendar days after the complaint is received, unless the complexities of the complaint require additional time, in which case the complainant will be notified. The accommodation or resolution may not be the same as requested.
7. The complainant may request a reconsideration of the case determination by submitting a request for reconsideration within ten (10) working days following the date the complainant receives the City's response.
8. The Mayor will conduct his/her review of the complaint and issue his/her decision to the complainant within twenty (20) working days of receiving the request for reconsideration, unless the complexities of the complaint require additional time. The Mayor's decision is final.
9. The City Clerk will maintain the files and records of the City of Clarkston related to ADA complaints filed and keep a log of complaints. The log shall include:
 - The name and address of the person filing the complaint.
 - The date of the complaint
 - The basis of the complaint
 - The disposition of the complaint
10. Use of this grievance process is an administrative remedy, the result of which may be appealed to an appropriate court of law or administrative agency. The individual's right to a prompt and equitable solution of the complaint will not be impaired by his/her pursuit of other remedies such as filing a grievance of an ADA complaint with the responsible federal department or agency.

**CITY OF CLARKSTON
PUBLIC ACCESS REQUEST FOR ACCOMMODATION FORM**

NAME OF ENTITY: CITY OF CLARKSTON

Public Access Request for Accommodation

TURN IN TO: CITY CLERK

Name of Individual Requesting Accommodation	Address	Phone
<p>Explain what functional disability you have that limits your ability to participate in a (Name of Entity) program or service: (e.g. "I am confined to a wheelchair")</p> <p>Describe the program, service or activity you cannot access due to your disability, and what you believe are the barriers to access or participation.</p>		
<p>Proposed Accommodation/Resolution:</p>		
RESERVED FOR ENTITY USE		
DATE RECEIVED:		BY:
DATE SENT TO ADA COORDINATOR:		
DATE CITY RESPONSE SENT:		

**CITY OF CLARKSTON
PUBLIC ADA COMPLAINT FORM**

NAME OF ENTITY: CITY OF CLARKSTON

Americans with Disabilities Act
Public Complaint Form

TURN IN TO: CITY CLERK

NAME OF COMPLAINANT	ADDRESS	PHONE
ISSUE (Identify the nature of disability and how it impairs a major life function)		
PROPOSED ACCOMMODATION/RESOLUTION:		
RESERVED FOR ENTITY USE		
DATE RECEIVED:	BY:	
DATE SENT TO ADA COORDINATOR:		
DATE CITY RESPONSE SENT:		