



Your Rights under the Americans with Disabilities Act (ADA) 1990

ADA Title II Disability Discrimination Policy

Responsible Offices: ADA/Section 504 Coordinator

Abbreviations: City of Waverly, Tennessee

Americans with Disabilities Act (ADA)

AUTHORITY: Section 504 of the Rehabilitation Act of 1973. The Americans with Disabilities Act of 1990, as amended T.C.A. §4-3-2303. Federal ADA Title II regulations regarding public entities defined in 28 CFR Part 35. If any portion of this policy conflicts with applicable state or federal laws and regulations, that portion shall be considered void. The remainder of this policy shall not be affected thereby and shall remain in full force and effect.

PURPOSE: The purpose of this plan is to state the City of Waverly's plan of non-discrimination on the basis of disability¹ of individuals for participation in or for receiving the benefits of services, programs, or activities or for access to or use of facilities owned or controlled by the City of Waverly. The City of Waverly also seeks to make available to individuals who may desire relief under this policy notice of the procedures through which they may request a reasonable accommodation or, in the alternative request a remedy for discrimination as defined by Title II of the Americans with Disabilities Act.

APPLICATION: All qualified individuals with a disability seeking and meeting the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by the City of Waverly, or access to or use of facilities under the ownership or control of the City of Waverly.

DEFINITIONS: "Qualified Individual" means an individual who, with or without reasonable modification to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by the City of Waverly, or for access to or use of facilities under the ownership or control of the City of Waverly.

POLICY: It is the policy of the City of Waverly to prohibit discrimination against any qualified individual on the basis of disability in regards to the admission or access to, or treatment in, its programs, services or activities or accessibility to facilities within its ownership or control. The Department shall comply with applicable requirements of Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, Title 28 of the code of Federal Regulations Part 35, "Non-discrimination on the Basis of Disability in State and Local Government Services." as well as any other applicable law pertaining to disability non-discrimination.

It is the policy of the City of Waverly to operate each service, program, or activity so that the service, program, or activity when viewed in its entirety, is readily accessible to and usable by qualified individuals with disabilities. Furthermore, it is the policy of the City of Waverly that no qualified individual with a disability, because facilities are inaccessible to or unusable by individuals with disabilities, be excluded from participation in, or be denied the benefits of the services, programs, or activities of the City of Waverly or be subjected to discrimination.

PROCEDURE: The City of Waverly hereby adopts the attached "ADA Title II/Section 504 COMPLAINT FORM," the attached "ADA TITLE II/SECTION 504 ACCOMODATION REQUEST FORM," as well as the following request and complaint reporting procedures.



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HOW TO REQUEST ADA ACCOMODATION: A qualified individual with a disability may request reasonable accommodations in circumstances where accommodations do not currently allow the individual the same opportunity for participation in or receipt of the benefits of services, programs, or activities, or access to or use of facilities provided to individuals without disabilities. Qualified individuals with a disability (or a person acting on behalf of such qualified individuals) may make requests for reasonable accommodations or accessibility by contacting the ADA/Section 504 Coordinator listed below or by completing the attached “ADA TITLE II/SECTION 504 ACCOMODATION REQUEST FORM” and submitting it to:

City of Waverly
Larry Lescure
Waverly City Hall
101 East Main Street
Waverly, TN 37185
931-296-2101
larry@waverlypublicsafety.com

HOW TO REPORT DISABILITY DISCRIMINATION INCIDENTS: If a qualified individual with a disability believes he/she has been subjected to conduct that violates this policy, he/she must report those incidents as soon as possible after the event occurs but no later than 180 calendar days of the alleged occurrence. Qualified individuals with a disability (or a person acting on behalf of such qualified individuals) may file a complaint by contacting or by completing the attached “ADA TITLE II/SECTION 504 COMPLAINT FORM” and submitting it the ADA/Section 504 Coordinator listed in the previous section. Upon receipt of the complaint, the ADA/Section 504 Coordinator will determine its acceptability and need for additional information, as well as investigate the merit of the complaint. In order to be accepted, a complaint must meet the following criteria:

- a. The complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged occurrence became known to the complainant.
- b. The allegation(s) must involve a program, service, activity, or facility of the City of Waverly

A complaint may be dismissed for the following reasons:

- a. The complaint was not timely filed under this policy.
- b. The complainant requests the withdrawal of the complaint.
- c. The complainant fails to respond to repeated requests for additional information needed to process the complaint.
- d. The complainant cannot be located after reasonable attempts.

HOW COMPLAINTS ARE INVESTIGATED AND RESOLVED: Generally, an investigation of a complaint will include an interview with the complainant to determine if there is a violation of this policy. Once the City of Waverly decides to accept the complaint for investigation, he/she will conduct a thorough and neutral investigation of all reported complaints of disability discrimination or Title II violations under the meaning and authority of this policy as soon as practicable. At the conclusion of an investigation, recommendations will be made to the administration to remedy any confirmed violation of this policy. The City of Waverly will send a copy of the original complaint filed and a letter concerning the findings and remedy chosen, if applicable to the complainant(s) within (60) sixty calendar days of the acceptance of the complaint.

CITY OF WAVERLY

NOTICE OF ADA REQUIREMENTS

The City of Waverly does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. The City of Waverly does not discriminate on the basis of disability in its hiring or employment practices.

This notice is provided as required by Title II of the American with Disabilities Act of 1990.

Questions, concerns, complaints, or requests for additional information regarding the ADA may be forwarded to the City of Waverly's designated ADA Coordinator.

Name:

Larry Lescure

Title:

ADA Coordinator

Office Address:

City of Waverly
101 East Main Street
Waverly, TN 37185

Voice:

731-584-4656

E-Mail:

larry@waverlypublicsafety.com

Days/Hours Available:

Monday- Friday/8:00 a.m. - 4:30 p.m.

Individuals who require auxiliary aids and services of effective communication in programs, activities, and services of the City of Waverly are invited to make their requirements and preferences known to the ADA Coordinator listed above. This notice is available in alternate formats upon request from the ADA Coordinator.

City of Waverly ADA Title II/ Section 504 Complaint Form

Instructions: Please fill out this form completely in black ink or type. Sign and return to the address on page 2.

Complainant: _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____

Business: _____

Person Discriminated Against: _____

(if other than the complainant) _____

Address: _____

City, State, Zip Code: _____

Telephone: Home: _____

Business: _____

City Department or service which you believe has discriminated:

Name: _____

Address: _____

City: _____

State and Zip Code: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated and any additional information which you feel is relevant:

Signature: _____

Date: _____

To file an ADA complaint by mail, send this completed form to:

City of Waverly
Attn: Larry Lescure, ADA Coordinator
101 East Main Street
Waverly, TN 37185

To send an ADA complaint by email, send this completed form to
larry@waverlypublicsafety.com.