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

**Employment:** The City of Lynnwood 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:** The City of Lynnwood will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the City of Lynnwood’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:** The City of Lynnwood will make all reasonable modifications to its 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 Lynnwood, should contact the Human Resources Director/ADA Coordinator at 425.670.5081 as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the City of Lynnwood 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 Lynnwood is not accessible to persons with disabilities should be directed to the Human Resources Director/ADA Coordinator at PO Box 5008, Lynnwood, WA 98046-5008 or 425.670.5081.

The City of Lynnwood 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.
Subject: COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA)

Effective: March 26, 2001

Relating To: ALL DEPARTMENTS

I. PURPOSE

To establish as a matter of policy, that the City of Lynnwood complies with all pertinent provisions of the Americans with Disabilities Act (ADA).

II. REFERENCES


III. POLICY

The City of Lynnwood does not discriminate on the basis of race, sex, color, national origin, religion, age, marital status, or disability in employment or the provision of services. It is the intent of the City to assure disabled persons the opportunity to participate in or benefit from City employment and/or services. The City, upon request, will provide reasonable accommodations in compliance with the Americans with Disabilities Act (ADA).

IV. SCOPE

a. Employment: The City of Lynnwood extends equal employment opportunity in all aspects of hiring and employment to qualified individuals with disabilities as required by the ADA.

b. City Facilities: The City of Lynnwood provides accessibility to city-owned or leased property and facilities which serve the public as required by the ADA.

c. City Services: The City of Lynnwood strives to provide its services and to structure opportunities for participation in government in a manner which provides accessibility for persons with disabilities. With sufficient advance notice, the City will consider and respond to requests for accommodation or assistance to make services and participation accessible as required by the ADA.

V. PROCEDURES

ADA Coordinator: The Mayor shall designate the City’s ADA Coordinator. Currently, that person is the City’s Human Resources Director. Questions, concerns, suggestions, complaints, requests, or grievances related to issues covered by the ADA should be brought to the attention of the ADA Coordinator. The ADA Coordinator can be contacted by writing to:
Grievance Procedure. Citizen (non-employee) complaints regarding improper denial of rights under the ADA by the City of Lynnwood should be submitted as per the following grievance procedure:

1. A complaint may be filed either in writing or verbally and shall contain the name and address of the person filing it, or on whose behalf it is filed, and shall briefly describe the alleged violation of the A.D.A. regulations. A complaint should be filed within twenty working (20) days after the complainant becomes aware of the alleged violation or as soon as reasonably possible thereafter if the twenty days has passed.

2. An investigation, as may be appropriate, shall follow a filing of complaint. The A.D.A. Coordinator or the designee of the A.D.A. Coordinator shall commence the investigation within ten (10) working days following the filing of a complaint. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit information relevant to such investigation.

3. A written determination as to the validity of the complaint and a resolution of the complaint, if any, shall be issued by the A.D.A. Coordinator and a written copy mailed to the complainant within twenty (20) working days following the filing of the complaint unless the complexities of the complaint require additional time.

4. The A.D.A. Coordinator shall maintain the files and records of the City of Lynnwood related to the complaints filed.

5. The complainant may request a reconsideration of the case determination of the A.D.A. Coordinator in instances where he or she is dissatisfied with the resolution. The request for reconsideration shall be made within ten (10) working days following the date the complainant receives the determination of the A.D.A. Coordinator. The request for reconsideration shall be made to the Mayor, City of Lynnwood, P.O. Box 5008, Lynnwood, WA 98046-5008, (425) 670-5000. The Mayor shall review the records of said complaint and may conduct further investigation when necessary to obtain additional relevant information. The Mayor shall issue his or her decision on the request for reconsideration within twenty (20) working days of the filing of the request for reconsideration unless the complexities of the complaint require additional time. A copy of said decision shall be mailed to the complainant.
6. The complainant may request a reconsideration of the case determination of the Mayor in instances where he or she is dissatisfied with the decision of the Mayor. The request for reconsideration should be made within twenty (20) working days following the date the complainant receives the determination of the Mayor. The request for reconsideration shall by made to the City Council by giving notice thereof to the City Council through the Finance Director, City of Lynnwood, P.O. Box 5008, Lynnwood, WA 98046-5008, (425) 775-1971. The City Council shall review the records of said complaint and may conduct further investigation when necessary to obtain additional relevant information and shall issue its decision thereon within twenty (20) working days of the filing of the request of reconsideration unless the complexities of the complaint require additional time. A copy of said decision shall be mailed to the complainant.

7. The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person’s pursuit of other remedies such as the filing of an A.D.A. complaint with the responsible federal department or agency. Use of this grievance procedure is an administrative remedy, the result of which may be appealed to the Superior Court.

8. These rules shall be construed to: protect the substantive rights of interested persons; to meet appropriate due process standards; and comply with the A.D.A. and its implementing regulations.
Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form

Instructions: Please fill out this form completely. 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, and Zip Code:____________________________________________

Telephone: Home: ____________________________
Business:_____________________________________

City department which you believe has discriminated:

Name:_____________________________________________________________________

When did the discrimination occur?__________________________________________

Describe the acts of discrimination providing the name(s) where possible of the individuals who you believe discriminated (use space on back of page if necessary):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes______ No______

If yes:
Agency or Court:______________________________________________________________

Contact Person:________________________________________________________________

Address:_____________________________________________________________________

City, State, and Zip Code:_______________________

Telephone Number:__________________________________________________________

Date Filed:___________________________________________________________________

Do you intend to file with another agency or court? Yes_____ No______

Agency or Court:______________________________________________________________

Address:_____________________________________________________________________

City, State and Zip Code:_______________________

Telephone Number:__________________________________________________________

Additional space for answers:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

____________________________________________________________________________
____________________________________________________________________________

Signature: _______________________________ Date: _________________________________

Return to:
City of Lynnwood
Human Resources Director/ADA Coordinator
19100 44th Avenue West
P.O. Box 5008
Lynnwood, WA 98046-5008