

The City of Covington Grievance Procedure Under The Americans with Disabilities Act

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 Covington**. The **City of Covington** 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 personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The 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:

Lessie Fisher, Code Compliance Building Official
200 West Washington Ave., Covington, TN 38019
(901) 476-7191 ext 146
codecompliance@covingtontn.com

Within 15 calendar days after receipt of the complaint, **Lessie Fisher** or **her** designee will meet with the complainant to discuss the complaint and the possible solutions. Within 15 calendar days of the meeting, **Lessie Fisher** or **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 **ADA coordinator** and offer options for substantive resolution of the complaint.

If the response by **Lessie Fisher, ADA Coordinator** or **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 **Mayor** or **his** designee.

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

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

Employment: The **City of Covington** 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 Covington** 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 Covington’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 Covington** will 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. For example, individuals with service animals are welcomed in the **City of Covington** offices, even where pets are generally prohibited.

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 Covington**, should contact the office of **Lessie Fisher**, 200 West Washington Ave., Covington, TN. as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the **City of Covington** 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 Covington** is not accessible to person with disabilities should be directed to **Lessie Fisher**, 200 West Washington Ave., Covington, TN (901) 476-7191 ext 146. codecompliance@covingtontn.com.

The **City of Covington** 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.