CITY OF NOVI CITY COUNCIL SEPTEMBER 12, 2022



SUBJECT: Designate Elise Marra as the City's Americans with Disabilities Act (ADA) Coordinator.

SUBMITTING DEPARTMENT: City Manager's

BACKGROUND INFORMATION:

In accordance with Title II, of the Americans with Disabilities Act (ADA), City staff recommends Elise Marra, the Deputy Director for Human Resources, to serve as the City's ADA Coordinator. In doing so, she will oversee and coordinate the efforts of the City of Novi to comply with Title II. In the coming months, Mrs. Marra will pursue the necessary training to become certified as a coordinator.

RECOMMENDED ACTION: Designate Elise Marra as the City's Americans with Disabilities Act (ADA) Coordinator.

CITY OF NOVI COUNTY OF OAKLAND, MICHIGAN

RESOLUTION DESIGNATING THE ADA COORDINATOR AND ADOPTING PROCEDURES IN COMPLIANCE WITH THE AMERICANS WITH DISABLITIES ACT

Minutes of a Meeting of the City Council of the City of Novi, County of Oakland, Michigan,

held in the City Hall of said City on September 12, 2022, at 7:00 P.M. Prevailing Eastern Time.

PRESENT: Councilmembers _____

ABSENT: Councilmembers _____

The following preamble and Resolution were offered by Councilmember _________ and supported by Councilmember _______.

RECITALS:

WHEREAS, the United States Congress enacted the Americans with Disabilities Act of 1990 (ADA) to prevent discrimination of the physically and mentally disabled in areas of employment and access to public facilities, and

WHEREAS, in compliance with Title II of the ADA, the City of Novi is required to name an ADA Coordinator, adopt a grievance procedure to resolve complaints alleging violations of Title II of the ADA, and to post a notice reflecting this information, and

WHEREAS, it is becoming increasingly important to document compliance measures adopted on the local level in order to continue to be qualified for federally related grants and programs, the intent and purpose of this Resolution is to update our existing procedures in compliance with the ADA throughout the City,

NOW, THEREFORE, BE IT RESOLVED that:

1. Elise Marra is designated the ADA Coordinator for the City of Novi

2. The attached Notice under the Americans with Disabilities Act, and the policy statements contained therein, are hereby adopted as the official policy and Notice of the City of Novi.

3. The attached Grievance Procedure under the Americans with Disabilities Act is hereby adopted as the grievance procedure to address complaints alleging discrimination on the basis of disability in the provision of services, programs and/ or benefits by the City of Novi

4. The administration is directed to post the name, address and contact information of the ADA Coordinator, the Notice Designated in Section 2, and the Grievance Procedure designated in Section 3, on the City's website and at other locations as deemed appropriate from time to time.

AYES:

NAYS:

RESOLUTION DECLARED ADOPTED.

Cortney Hanson, City Clerk

CERTIFICATION

I hereby certify that the foregoing is a true and complete copy of a resolution adopted by the City Council of the City of Novi at a regular meeting held this _____ day of _____, 2022.

Cortney Hanson, City Clerk City of Novi



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

Employment: the City of Novi 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 Novi will generally, upon request, provide appropriate aids and services leading to effective communications for qualified persons with disabilities so they can participate equally in the City of Novi 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 Novi 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 Novi 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 Novi, should contact the Human Resources Department as Novi's ADA Compliance Coordinator by phone at (248) 347-0591 or email at emarra@cityofnovi.org as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the City of Novi 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 Novi is not accessible to persons with disabilities should be directed to ADA Coordinator by phone at (248) 347-0591 or email at emarra@cityofnovi.org.

The City of Novi 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



The City of Novi Grievance Procedure under the Americans with Disabilities Act

The Americans with Disabilities Act of 1990 (ADA) requires that the City of Novi make its facilities, programs and services accessible to persons with disabilities in accordance with the standards of the ADA. If an individual feels that they have been unable to access a City of Novi facility, program or service because of a lack of accessibility or has been discriminated against because of a disability, the individual should complete the ADA Complaint Form.

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:

City Clerk's Office 45175 Ten Mile Road Novi, MI 48375

Complaint Procedure

Step 1: File a Complaint Form

This complaint should be filled out on the ADA Complaint form, giving all information requested. The signed ADA Complaint form should be filed in writing with the ADA Coordinator within 60 days of alleged disability-related discrimination complaint. Within 30 calendar days of the initial meeting or communication, the Deputy Human Resource Director or their designee will respond in writing or alterative format accessible to the complainant. This response will explain the position of the City of Novi and offer a resolution of the complaint. Upon request reasonable accommodation will be provided to complete the form, including in an alternate format.

Step 2: An Investigation is Conducted

A notice of the investigation being launched will be mailed to the complaint by email or certified mail within five days of the receipt of the complaint. The ADA Coordinator shall start an investigation looking into the merits of the complaint within 15 business days and schedule a meeting with the complainant to review the complaint information and obtain additional facts or documentation relevant to the complaint. If complainant alleges misconduct of any kind on apart of the ADA Coordinator another representative may be appointed at the discretion of the ADA Supervisor at their discretion to conduct the investigation.

Step 3: Written Decision is Prepared and Forward to the Complainant

The ADA Coordinator or other representative appointed by the supervisor will prepare a written decision, in a format accessible to the complainant, after full consideration of all documentation collected and interviews conducted during the investigation process. No later than 30 days following the receipt of the complaint. A meeting (modality up to complainant and ADA Coordinator) with complainant present and review the written decision. A copy of the complaint, written decision and responses will be provided to the complainant and retained by the City Clerk for a period of (2) years.

Step 4: A Complainant May Appeal the Decision

If the complainant is dissatisfied with the written decision, the complainant may file an appeal written or alternate format with the City Manager's office no later than 30 days from the date of the postmarked date. The appeal must contain a statement of the reason why the complainant is dissatisfied with the written decision, must be signed by the complainant or someone legally authorized to sign on a complainant's behalf. The complainant can request a meeting with the a member of the City Manager's office to review details and provide additional information. A notice of review will be mailed to the complainant by certified mail within five days of receipt of appeal.

The City Manager will act on the received appeal no later than 60 days after the receipt and copy of the City Manager's written decision, in a format accessible to the complainant. This will be mailed no later than 5 days after the preparation of the decision. The appeal review is **final**. A copy of the written appeal and decision should be maintained by the City Clerk for a period of 2 years.

Filed Complaints

The City of Novi Clerks office will maintain the confidentiality of all files and records relating to complaints filed, unless disclosure is authorized or required by law or permission is given by complainant to release the information. Any retaliation, coercion, intimidation threat, interference or harassment for filing a grievance, appeal or used to restrain a complainant from filing is prohibited and should be reported **immediately** to the PRCS office.

The ADA complaint form and the process are designed to provide the public with the opportunity to resolve any ADA issues that an individual may have with the City of Novi. Filing an ADA complaint or not with the City of Novi does not affect an individual's right to file a complaint with the Department of Justice.

For ADA concerns with organizations other than the City of Novi, please contact the Department of Justice at 1-800-514-0301 or visit their website <u>www.ada.gov</u>



The City of Novi Grievance Form Americans with Disabilities Act (ADA)

The City of Novi is required by the American Disability Act (ADA) to ensure its facilities, programs, and services are accessible to the community. Therefore, individuals with disabilities needing accommodations for effective participation in a program or event should contact Elise Marra at (248) 347-0519 at least two working days in advance of the program.

This form is for individuals who have a grievance related to disability discrimination in the City of Novi's provision of services. Any grievance claims must be filed with the City Clerk's office no more than 60 days from the date of the alleged discriminatory incident. Contact the Clerks office for assistance with filing or submission of this form or to have the grievance transcribed for you.

Please submit to:	City of Novi City Clerk's Off 45175 Ten Mile Novi, Michigar Tel: (248)347-04 Email: emarra@	Road n 48375		
Date of Request		Date of Incident		
Name				
Address(Stree	+t)	(City)	(State)	(Zip)
Telephone	ephone		Cell phone	
Email		Signat	ure	
Preferred Method c	of Contact:			

Please do NOT use this form for any general complaints about City facilities, programs, or services.

Accommodation request

Please specify the reason you are requesting accommodation (check all that apply):

[] to allow me to participate in a program or activity offered by the City of Novi. Please specify the program or activity:

[] to ask for an exception to a rule, policy, or procedure. Please specify the rule, policy, or procedure:

[] Other reasons, please specify (for example, the way the library communicates with you):

Allegation of ADA Noncompliance (Please print clearly)

Date of alleged violation occurred:

Location where the alleged violation occurred:

Names, if known, of any individuals at the City of Novi involved in the problem you encountered:

Description of Incident

Describe in detail the alleged disability discrimination incident for which you are filling this form. Please include information relating to the incident, including dates, service/program involved, and any city personnel involved. (Please attach additional pages as needed)

What change would you wish to see that would be helpful in solving this problem?

<u>Should you be unsatisfied with the response to your request, you may appeal to the City</u> of Novi no later than 60 days after receipt and a copy of the written decision.