

## **AMERICANS WITH DISABILITIES ACT COMPLIANCE POLICY**

### **STATEMENT OF POLICY**

The Julia L. Butterfield Memorial Library complies with the Americans with Disabilities Act of 1990, Public Law 101-336 (ADA), which prohibits discrimination on the basis of disability. The ADA, as applied to cities, counties, and other local governmental entities, requires that no qualified individual with a disability shall, on the basis of a disability, be denied the benefits of local government services, programs, or activities.

Accordingly, Julia L. Butterfield Memorial Library WILL:

- Take appropriate steps to ensure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others.
- Make reasonable accommodations in policies, practices, or procedures when necessary to avoid discrimination on the basis of disability, unless a fundamental alteration in a local government program would result.
- Operate its programs so that, when viewed in their entirety, they are readily accessible to and usable by individuals with disabilities.

### **HOW TO REQUEST REASONABLE ACCOMMODATIONS**

Persons who need an accommodation in order to receive the benefits of a Beloit Public Library service, program or activity should complete a "Reasonable Accommodation Request Form" or contact the Library Administration, Julia L. Butterfield Memorial Library, 10 Morris Avenue, Cold Spring, NY 10516 or 845.265.3040.

### **GRIEVANCE PROCEDURE**

Enforcement of this policy is the responsibility of all Julia L. Butterfield Memorial Library staff. Persons who believe they have been discriminated against based on their disability should file a Service Delivery Discrimination Complaint Form, which is an attachment to this policy. Individuals may also file an administrative complaint with the U.S. Equal Opportunities Commission (E.E.O.C.) within 180 days of the date of the alleged discrimination or may file a lawsuit for injunctive relief and damages. Any or all of these methods may be pursued at the same time. Individuals are protected from retaliation or coercion when pursuing their rights or responsibilities under the A.D.A.

### **ATTACHMENTS**

1. *How to File a Service Delivery Discrimination Complaint*
2. *Service Delivery Discrimination Complaint Form*
3. *Reasonable Accommodation Request Form*

Adopted: April 2008 **REVIEWED:** \_\_\_\_\_

## A.D.A. GRIEVANCE PROCESS

### **HOW TO FILE A SERVICE DELIVERY DISCRIMINATION COMPLAINT**

If you feel that you have been treated differently or denied service because of your disability, you may file a complaint. If you were wrongfully denied services, or if the treatment you received was separate or different from others, or if the program was not accessible to you, it may be discrimination.

You may file a complaint with your service provider, or you may file a complaint with Civil Rights Division. No one may threaten or harass you for making a complaint.

To file a complaint request a discrimination complaint form by calling the Library Administration at (608) 364-2908 or TDD (608) 364-2913. Send the completed form to the address on the form.

### **Appeal Process**

If not satisfied with the response of the Library Administration, you may appeal to the Julia L. Butterfield Memorial Library Board of Trustees, 10 Morris Avenue, Cold Spring, NY 10516 or 845.265.3040. If still not satisfied, you may file your complaint with the Federal agency described below.

### **FOR FURTHER INFORMATION:**

In accordance with Section 35.106 of the ADA's Title II Regulations,  
All applicants, participants, beneficiaries, and other interested persons are  
Advised that further information may be obtained from this local government  
And from the Office on the Americans with Disabilities Act, Civil Rights  
Division, U.S. Department of Justice, Washington, DC 20035-6118  
(202) 514-0301 (Voice) or (202) 514-0381 (TDD).

**SERVICE DELIVERY DISCRIMINATION COMPLAINT FORM - A.D.A GRIEVANCE PROCESS**

NAME OF COMPLAINANT:

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ADDRESS

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CITY, STATE, ZIP:

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TELEPHONE NUMBER:

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NAME OF THE DEPARTMENT AND/OR EMPLOYEE AGAINST WHOM THE COMPLAINT IS FILED:

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DESCRIPTION of the action or treatment that you think was discriminatory. Includes information about who, what, when, where, how, why and the names, addresses and phone numbers of any witnesses, if you know them. You may write this on another sheet of paper if you need more room.

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DESCRIPTION OF THE RELIEF OR SATISFACTION YOU WANT

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\_\_\_\_\_ Signature \_\_\_\_\_ Date

Send completed form to:  
Library Administration  
Butterfield Memorial Library  
10 Morris Avenue  
Cold Spring, NY 10516