

COUNTY OF WESTCHESTER 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 County of Westchester will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: The County of Westchester 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 County of Westchester 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 County of Westchester'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 County of Westchester 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 County of Westchester's 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 County of Westchester, should contact Evan Latainer, ADA Coordinator and Director of the Office of the Disabled at 914-995-2958 (voice) or 914-995-2799 (facsimile) or ehl2@westchestergov.com (email), as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the County of Westchester 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 County of Westchester is not accessible to persons with disabilities should be directed to:

Evan Latainer
ADA Coordinator and Director of the Office of the Disabled
148 Martine Avenue, Room 102
White Plains, New York 10601
914-995-2958 (voice)
914-995-2799 (facsimile)
ehl2@westchestergov.com (email).

The County of Westchester 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.

County of Westchester 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 County of Westchester. Executive Order No. 2-2009 and Executive Order No. 3-2009 govern employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as the name, address, phone number of the 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:

Evan Latainer
ADA Coordinator and Director of the Office of the Disabled
148 Martine Avenue, Room 102
White Plains, New York 10601
914-995-2958 (voice)
914-995-2799 (facsimile)
ehl2@westchestergov.com (email).

Upon receipt of the complaint, the ADA Coordinator will immediately forward the same to the ADA Compliance Contact for the County Department, Office or Agency where the grievance arose. Within 15 calendar days after receipt of the complaint (unless some longer period is required due to a disability of the complainant), the ADA Compliance Contact will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting (unless some longer period is required due to a disability of the complainant), the ADA Compliance Contact 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 County of Westchester and, if appropriate, offer options for substantive resolution of the complaint.

A complainant, dissatisfied with the response of the ADA Compliance Contact, may appeal the same, within 15 calendar days after receipt, to the ADA Coordinator. Within 15 calendar days after receipt of the appeal, the ADA Coordinator will meet with the complainant (unless some longer period is required due to a disability of the complainant) to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting (unless some longer period is required due to a disability of the complainant), the ADA Coordinator 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 County of Westchester and offer a final resolution of the complaint.

Copies of all written complaints received by the ADA Coordinator and forwarded to the appropriate ADA Compliance Contact, copies of all appeals to the ADA Coordinator, and copies of all responses to complaints and appeals will be retained by the County of Westchester for at least three years.

COMPLAINT OF ADA TITLE II NONCOMPLIANCE BY COUNTY OF WESTCHESTER

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ (evening): _____

Email: _____

Preferred Method of Contact: _____

Please specify the County Department, Office or Agency responsible for the noncompliance for which you would like to lodge a complaint: _____ .

Budget

Law

Consumer Affairs

Mental Health

Correction

Parks, Recreation & Conservation

Elections

Planning

Environmental Facilities

Probation

Emergency Services

Public Safety

Finance

Public Works

Health

Senior Programs

Human Resources

Social Services

Human Rights

Transportation

Information Technology

Tourism

Laboratories & Research

Other

Please describe the problem you encountered:

Date of the alleged violation:

Location of the problem:

Please provide, where possible, the names of the officers or employees of the County of Westchester involved in the problem you encountered:

What changes would you wish to see that would be helpful in solving this problem:

To include more information, please attach additional sheets as necessary.

Your complaint will be addressed within 30 calendar days unless some longer period is required due to the nature of your disability. Should you be unsatisfied with the response to your complaint, you may appeal to:

Evan Latainer
ADA Coordinator and Director of the Office of the Disabled
148 Martine Avenue, Room 102
White Plains, New York 10601
914-995-2958 (voice)
914-995-2799 (facsimile)
ehl2@westchestergov.com (email).

Signature of Complainant

Date

APPEAL FROM DETERMINATION OF DEPARTMENTAL ADA COMPLIANCE CONTACT

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ (evening): _____

Email: _____

Preferred Method of Contact: _____

Please specify the County Department, Office or Agency that addressed your complaint of noncompliance with Title II of the ADA: _____.

Budget

Law

Consumer Affairs

Mental Health

Correction

Parks, Recreation & Conservation

Elections

Planning

Environmental Facilities

Probation

Emergency Services

Public Safety

Finance

Public Works

Health

Senior Programs

Human Resources

Social Services

Human Rights

Transportation

Information Technology

Tourism

Laboratories & Research

Other

Please describe your original complaint and the response of the County Department, Office or Agency (include copies of each):

Date of the original complaint:

Date of receipt of the response of the County Department, Office or Agency:

Please describe the remedy sought:

To include more information, please attach additional sheets as necessary. If available, please include any documentation from the original complaint:

Signature of Complainant/Appellant

Date