

RESOLUTION NO. 861

A RESOLUTION OF TO PROVIDE FOR PROCEDURES TO ADMINISTER COMPLAINTS UNDER THE REHABILITATION ACT OF 1973 AND WITH THE AMERICANS WITH DISABILITIES ACT.

WHEREAS, the City desires to avail itself of available Community Development Block Grant monies; and,


WHEREAS, a specific requirement thereto is recognition of the Federal enactments regarding the Americans with Disabilities Act and of the Rehabilitation Act of 1973 and adoption of procedures wherein an aggrieved party may undertake a complaint process; and,

WHEREAS, the City desires to adopt such complaint procedure:

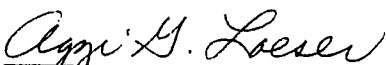
BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF POLSON, MONTANA, LAKE COUNTY:

SECTION 1. That the attached Exhibit A, detailing the Complaint Resolutions Procedure and ADA Complaint Form, is adopted by the City of Polson, to be kept on hand by the City human resources personnel for use in an appropriate case.

PASSED AND APPROVED this 15th day of December, 2003.


Randy Ingram, Mayor

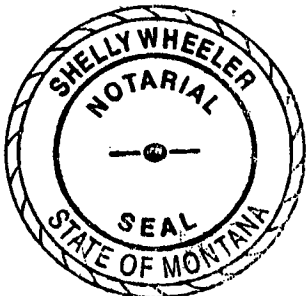
ATTEST:


Aggi Loeser, City Clerk

STATE OF MONTANA)
 :ss.
County of Lake)

On this 16th day of Dec. 2003, before me, the undersigned, a Notary Public for the State of Montana, personally appeared **Randy Ingram** and **Aggi Loeser**, personally known to me to be the Mayor and the City Clerk of the City of Polson, Montana, the Municipal Corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year in this certificate first above written.



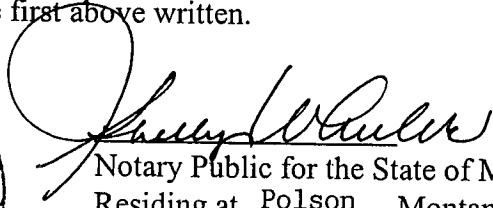

Notary Public for the State of Montana
Residing at Polson Montana
My Commission expires: 9-13-2004

EXHIBIT A

**Rehabilitation Act and ADA
COMPLAINT RESOLUTION PROCEDURES
and ADA COMPLAINT FORM**

Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990* (ADA) provide comprehensive civil rights protection to individuals with disabilities in the areas of employment, public accommodations, state and local government services and programs, and telecommunications. Title II of the ADA states, in part, that:

no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subject to discrimination in programs or activities sponsored by a public entity.

The City of Polson has adopted this complaint procedure to provide prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title II of the ADA.

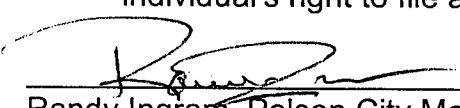
Any individual who believes that she/he or a specific class of individuals with disabilities has been subjected to unlawful discrimination on the basis of that disability by the City of Polson or any of its contractors or suppliers may, by himself or herself or by an authorized representative, file a written complaint.

Complaints or questions should be addressed to: Aggi Loeser, or the then-acting City Clerk, at Polson City Hall, 106 First Street East, Polson, Montana, (406) 883-8200 (Or Montana Relay System for the Deaf: Dial 7-1-1 or 1-800-253-4091 to use Montana Relay.) The Polson City Clerk has been designated to coordinate compliance with Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990*.

The complaint must be filed in writing and contain the name, address, and telephone number of the individual or representative filing the complaint; a description of the alleged discriminatory action in sufficient detail to inform the department of the nature and date of the alleged violation; the signature of the complainant or authorized representative; and a description of the corrective action that is being sought. Complaints filed on behalf of a third party must identify the alleged victims of the discrimination. Complaints may be filed on the attached Page 1 of 5 complaint form.

- 2. The complaint must be received within 20 calendar days after the alleged violation occurs. This time may be extended, as determined by the Section 504/ADA Coordinator, for good cause shown.
- 3. The City of Polson shall promptly conduct an informal investigation of the complaint. Interested parties will be afforded an opportunity to submit information relevant to the complaint.
- 4. A written response will be issued and a copy forwarded to the complainant no later than 30 calendar days after completion of the investigation.
- 5. The City of Polson will maintain the files and records relating to the complaint and its investigation according to the records retention schedule for personnel documents found in Chapter 800, *Montana Operations Manual*, Volume I.

Nothing in this complaint resolution procedure shall be construed as preventing an individual from pursuit of other remedies, including filing a formal complaint with the Montana Human Rights Commission, with any federal agency the individual believes is appropriate, or with the U.S. Department of Justice. The time limit for filing a formal complaint is 180 days after the alleged incident. This procedure also does not preclude the individual's right to file a lawsuit in federal district court.


Randy Ingram, Polson City Mayor

12/18/03
Date

(Name of CDBG Grantee)

ADA COMPLAINT FORM

COMPLAINANT'S NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ (8:00 am to 5:00 pm, Mon-Fri)

PLEASE DESCRIBE THE ALLEGED DISCRIMINATORY ACTION OR DENIAL OF SERVICE. Please provide sufficient details. Include: description of alleged discriminatory action, names, dates, places, actions/events, witnesses, etc.

Multiple horizontal lines for describing the alleged discriminatory action or denial of service.

[] CHECK HERE if additional pages are attached

PLEASE SPECIFY WHAT CORRECTIVE ACTION YOU ARE SEEKING:

Multiple horizontal lines for specifying the corrective action sought.

[] CHECK HERE if additional pages are attached.

SIGNATURE OF PERSON MAKING COMPLAINT _____ DATE _____

COMPLAINTS SHOULD BE ADDRESSED TO: (Name and Address of ADA/Section 504 Coordinator). Telecommunications Device for the Deaf - TDD: (406) 444-2978. Dial 7-1-1 or 1-800-253-4091 to use the Montana Relay Service.

FOR AGENCY USE ONLY

SIGNATURE _____ DATE _____

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