

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

**Employment:** The City of Newman 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 Newman 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 Newman'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 Newman 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 Newman 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 Newman, should contact the office of Koosun Kim, ADA Coordinator, as soon as possible but no later than 48 hours before the scheduled event. The ADA Coordinator's office is located at City Hall, 938 Fresno Street, Newman, CA 95360 and may be reached at (209) 862-4448.

The ADA does not require the City of Newman 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 Newman is not accessible to persons with disabilities should be directed to Koosun Kim, ADA Coordinator. The ADA Coordinator's office is located at City Hall, 938 Fresno Street, Newman, CA 95360 and may be reached at (209) 862-4448.

The City of Newman 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.

# **City of Newman**

## **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 Newman. The City of Newman's 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/his designee as soon as possible but no later than 60 calendar days after the alleged violation to:

**Koosun Kim, PE, QSD**  
**ADA Coordinator and Public Works Director**  
**938 Fresno St. / PO Box 787**  
**Newman, CA 95360**

Within 15 calendar days after receipt of the complaint, Koosun Kim or his designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Koosun Kim or his 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 City of Newman and offer options for substantive resolution of the complaint.

If the response by Koosun Kim or his 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 Michael Holland, City Manager or his designee.

Within 15 calendar days after receipt of the appeal, Michael Holland or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, Michael Holland or his designee will respond in writing, and, where appropriate, in a format accessible to the complainant,

If the response by Michael Holland or his 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 Newman City Council or their designee.

Within 15 calendar days after receipt of the appeal, the City Council or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Council or their 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 Koosun Kim or his designee, appeals to the City Manager or his designee, and responses from these two offices will be retained by the City of Newman for at least three years.



# City of Newman

## ADA Complaint / Grievance Form

Complainant: \_\_\_\_\_

Person Preparing Complaint (if different from Complainant): \_\_\_\_\_

Relationship to Complainant (if different from Complainant): \_\_\_\_\_

Street Address & Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please provide a complete description of the specific complaint or grievance:**

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**Please specify any location(s) related to the complaint or grievance (if applicable):**

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**Please state what you think should be done to resolve the complaint or grievance:**

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Please attach additional pages as needed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to:

**City of Newman**  
**P.W. Director Koosun Kim, PE, QSD**  
**938 Fresno St. / P.O. Box 787**  
**Newman, CA 95360**

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact the Program Access Coordinator at the address listed above, via telephone (209) 862-3725