

THE CITY OF CAMDEN

110 HWY. 641 SOUTH
P.O. BOX 779
CAMDEN, TENNESSEE 38320
Phone 731-584-4656
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Email cityofcamden1@bellsouth.net

ADA Title II Disability Discrimination Policy

Responsible Offices: ADA/Section 504

**Coordinator Abbreviations: City of Camden,
Tennessee**

Americans with Disabilities Act (ADA)

AUTHORITY: Section 504 of the Rehabilitation Act of 1973. The Americans with Disabilities Act of 1990, as amended T.C.A. §4-3-2303. Federal ADA Title II regulations regarding public entities defined in 28 CFR Part 35. If any portion of this policy conflicts with applicable state or federal laws and regulations, that portion shall be considered void. The remainder of this policy shall not be affected thereby and shall remain in full force and effect.

PURPOSE: The purpose of this plan is to state the City of Camden's plan of non-discrimination on the basis of disability of individuals for participation in or for receiving the benefits of services, programs, or activities or for access to or use of facilities owned or controlled by the City of Camden. The City of Camden also seeks to make available to individuals who may desire relief under this policy notice of the procedures through which they may request a reasonable accommodation or, in the alternative request a remedy for discrimination as defined by Title II of the Americans with Disabilities Act.

APPLICATION: All qualified individuals with a disability seeking and meeting the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by the City of Camden, or access to or use of facilities under the ownership or control of the City of Camden.

DEFINITIONS: "Qualified Individual" means an individual who, with or without reasonable modification to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by the City of Camden, or for access to or use of facilities under the ownership or control of the City of Camden.

POLICY: It is the policy of the City of Camden to prohibit discrimination against any qualified individual on the basis of disability in regards to the admission or access to, or treatment in, its programs, services or activities or accessibility to facilities within its ownership or control. The Department shall comply with applicable requirements of Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, Title 28 of the code of Federal Regulations Part 35, "Non-discrimination on the Basis of Disability in State and Local Government Services." As well as any other applicable law pertaining to disability non-discrimination.

It is the policy of the City of Camden to operate each service, program, or activity so that the service, program, or activity when viewed in its entirety, is readily accessible to and usable by qualified individuals with disabilities. Furthermore, it is the policy of the City of Camden that no qualified individual with a disability, because facilities are inaccessible to or unusable by individuals with disabilities, be excluded from participation in, or be denied the benefits of the services, programs, or activities of the City of Camden or be subjected to discrimination.

PROCEDURE: The City of Camden hereby adopts the attached "ADA Title II/Section 504 COMPLAINT FORM," the attached "ADA TITLE II/SECTION 504 ACCOMODATION REQUEST FORM," as well as the following request and complaint reporting procedures.

HOW TO REQUEST ADA ACCOMODATION: A qualified individual with a disability may request reasonable accommodations in circumstances where accommodations do not currently allow the individual the same opportunity for participation in or receipt of the benefits of services, programs, or activities, or access to or use of facilities provided to individuals without disabilities. Qualified individuals with a disability (or a person acting on behalf of such qualified individuals) may make requests for reasonable accommodations or accessibility by contacting the ADA/Section 504 Coordinator listed below or by completing the attached "ADA TITLE II/SECTION 504 ACCOMODATION REQUEST FORM" and submitting it to:

City of Camden
Camden City Hall
110 Highway 641 South
Camden, Tn. 38320
731-584-4656
Mike Townsend
ADA Coordinator
Cityofcamden1@bellsouth.net

HOW TO REPORT DISABILITY DISCRIMINATION INCIDENTS: If a qualified individual with a disability believes he/she has been subjected to conduct that violates this policy, he/she must report those incidents as soon as possible after the event occurs but no later than 180 calendar days of the alleged occurrence. Qualified individuals with a disability (or a person acting on behalf of such qualified individuals) may file a complaint by contacting or by completing the attached "ADA TITLE II/SECTION 504 COMPLAINT FORM" and submitting it to the ADA/Section 504 Coordinator listed in the previous section. Upon receipt of the complaint, the ADA/Section 504 Coordinator **will** determine its acceptability and need for additional information, as well as investigate the merit of the complaint. In order to be accepted, a complaint must meet the following criteria:

- a. The complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged occurrence became known to the complainant.
- b. The allegation(s) must involve a program, service, activity, or facility of the City of Camden

A complaint may be dismissed for the following reasons:

- a. The complaint was not timely filed under this policy.
- b. The complainant requests the withdrawal of the complaint.
- c. The complainant fails to respond to repeated requests for additional information needed to process the complaint.
- d. The complainant cannot be located after reasonable attempts.

HOW COMPLAINTS ARE INVESTIGATED AND RESOLVED: Generally, an investigation of a complaint will include an interview with the complainant to determine if there is a violation of this policy. Once the City of Camden decides to accept the complaint for investigation, he/she will conduct a thorough and neutral investigation of all reported complaints of disability discrimination or Title II violations under the meaning and authority of this policy as soon as practicable. At the conclusion of an investigation, recommendations will be made to the administration to remedy any confirmed violation of this policy. The City of Camden will send a copy of the original complaint filed and a letter concerning the findings and remedy chosen, if applicable to the complainant(s) within (60) sixty calendar days of the acceptance of the complaint.

CITY OF CAMDEN

NOTICE OF ADA REQUIREMENTS

The City of Camden does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. The City of Camden does not discriminate on the basis of disability in its hiring or employment practices.

This notice is provided as required by Title II of the American with Disabilities Act of 1990.

Questions, concerns, complaints, or requests for additional information regarding the ADA may be forwarded to the City of Camden's designated ADA Coordinator.

Name:

Mike Townsend

Title:

ADA Coordinator

Office Address:

110 Highway 641 South
Camden, TN 38320

Voice:

731-584-4656

E-Mail:

Cityofcamden1@bellsouth.net

Days/Hours Available:

Monday- Friday/8:00 a.m. - 4:00 p.m.

Individuals who require auxiliary aids and services of effective communication in programs, activities, and services of the City of Camden are invited to make their requirements and preferences known to the ADA Coordinator listed above. This notice is available in alternate formats upon request from the ADA Coordinator.

CITY OF CAMDEN

AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR
110 Highway 641 South
CAMDEN, TN 38320

TEL: (731) 584-4656
cityofcamden1@bellsouth.net

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Check one: ☐ **Accommodation** ☐ **Barrier Removal**

Name of Complainant: _____
Last MI First

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

Preferred Method(s) of Communication: (Check all that apply)

☐ Voice Telephone ☐ TTY ☐ Email ☐ US MAIL & ☐ Other: _____

Accommodation needed or location of barrier: _____

Brief statement of why the accommodation is needed or the barrier removed: _____

NOTE: Barrier Removal requests are conducted and prioritized by the City with regard to budget and scheduled projects.

Date accommodation is needed: _____

CERTIFICATION: I hereby certify that the information and statements above are true.

Signature: _____ Date: _____

If person needing accommodation is not the individual completing this form, please provide
Representative's Name: _____

Address: _____ Telephone Number: _____

For more information or assistance in completing the form, please contact the ADA Coordinator via
telephone or email at (731) 584-4656 or cityofcamden1@bellsouth.net