

FILED

2013 MAY 13 AM 9:41

CIRCUIT COURT
OF THE COUNTY
DORCHESTER COUNTY

RESOLUTION

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE NOTICE

WHEREAS, the Dorchester County Council strives to meet their obligations under Title II of the Americans with Disabilities Act of 1990, referred to as "ADA" and the Americans with Disabilities and Rehabilitation Act of 1973; and

WHEREAS, the Dorchester County Council and Dorchester County, Maryland (Government) will not discriminate against qualified individuals with disabilities;

NOW, THEREFORE, BE IT RESOLVED THAT, Dorchester County, Maryland will not discriminate against individuals with qualifying disabilities on the basis of the disability in its services, programs, or activities.

Employment: Dorchester County, Maryland (Government) 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.

Communication: Dorchester County, Maryland (Government) will typically, upon request, provide appropriate assistance leading to effective communication for qualified persons with disabilities in order for them to participate equally in the County's programs, services, and activities, including qualified sign language interpreters, written, audio, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Policies and Procedures: Dorchester County, Maryland (Government) 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. The ADA does not require the County to take action that would in any way fundamentally alter the nature of its programs, services and activities, or impose an undue financial or administrative burden on the County (35.150 Americans With Disabilities Act Title II).

Note: Individuals with service animals are welcomed in County buildings and offices, unless otherwise prohibited due to safety issues.

Special Requirements/Requests: 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 should contact the involved office or department directly as soon as possible but no later than 72 hours before the scheduled event. Request for Accommodation forms are available in all County departments and the County Council's Office at 501 Court Lane, Cambridge, MD 21613 or on the County's website at www.docogonet.com under Forms. The ADA does not require the County to take

action that would in any way fundamentally alter the nature of its programs, services and activities, or impose an undue financial or administrative burden on the County (35.150 Americans With Disabilities Act Title II).

Dorchester County, Maryland Government is also an Equal Opportunity Employer and any qualified person(s) with a disability, shall not, on the basis of the disability, be subjected to discrimination in regards to recruitment, hiring practices or employment.


THIS RESOLUTION IS HEREBY PASSED AND ADOPTED THIS 7th DAY OF May 2013 TO BE EFFECTIVE May 1, 2013.

ATTEST:

DORCHESTER COUNTY COUNCIL



Donna Lane
Executive Administrative Specialist



Jay L. Newcomb, President




William V. Nichols, Vice-President



Ricky Travers



Rick Price



Thomas Bradshaw

Disability Accommodation Request Form
Dorchester County Government Dorchester County, Maryland

SERIAL 006 FOLD 0575

Dorchester County, Maryland Government is committed to assisting disabled individuals with access to the services, programs, activities, information, and resources.

If you are in need of special assistance or accommodation, please complete this form and return it to the appropriate County Department or to the contact and address below. You will be contacted to work out a reasonable accommodation. Thank you.

Person(s) Needing Accommodation: _____

Date of Request: _____ **Form completed by:** _____

Follow up Contact Information:

Street Address & Apt. No.:

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **E-mail:** _____
Daytime please

Please provide a complete description of the Accommodation you are requesting, including the date & time the assistance is needed:

Signature: _____ **Date:** _____

Accommodations Approved: YES NO **Justification:** _____

ADA Coordinator: Dorchester County Manager
501 Court Lane, Cambridge, MD 21613
410-228-1700

Disability Accommodation Complaint/Greivance Form
Dorchester County Government Dorchester County, Maryland

The County will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation and appropriate corrective action. This means that the County will share any sensitive information you provide here only on a need-to-know basis. Return completed form to: County Manager, 501 Court Lane, Cambridge, MD 21613

Individual or Authorized Representative of Individual identifying access violation or discrimination	Name	
	Address	
	City and Zip code	
	Telephone Number	
<p>1. Please describe the alleged violation of access requirements, or discriminatory action, with enough detail so that the nature of your grievance can be clearly understood. Add additional pages if necessary:</p>		
<p>2. Please give the date(s), time(s) and location(s) of the incident(s) or observation(s) you are reporting:</p>		
<p>3. If the incident involves a Dorchester County employee(s), please provide his or her name(s), if known:</p>		
<p>4. If the grievance involves physical access to a Dorchester County public facility, land or right-of-way, please provide the specific address(es) of location(s), if known:</p>		
<p>5. Please give the name(s) and address(es), if known, of any witnesses to the access violation or alleged discrimination:</p>		
<p>6. What action do you want taken to correct the alleged access violation or discrimination?</p>		
Signature:	Today's Date:	