

CITY OF PRAGUE

Americans with Disabilities Act (ADA)

Complaint Policy and Procedures

Notice Under the Americans with Disabilities Act (ADA)

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), The City of Prague will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities.

Employment: The City of Prague 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 Prague 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 Prague 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 Prague 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 our 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 Prague, should contact:

Jim Greff
City Manager
820 N Jim Thorpe Blvd
Prague, OK 74864
(405)567-2270
jgreff@cityofpragueok.org

The ADA does not require the City of Prague 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 Prague is not accessible to persons with disabilities should be directed to the Contact listed above.

The City of Prague 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.

Complaint Procedures

Anyone who feels they have been discriminated against on the basis of disability by the City of Prague in the provision of a City of Prague program, service or activity has the right to file a complaint. Contact the City Manager for the department providing the program, service or activity. The City of Prague will work with the individual to resolve the complaint on an informal level. If that is not possible, the individual may file a formal ADA grievance as per the City of Prague's ADA Complaint Procedure.

The City of Prague ADA Complaint Procedure is the mechanism by which individuals may file complaints of disability discrimination under the Americans with Disabilities Act of 1990. Formal ADA complaints can be submitted via telephone (405-567-2270), email (jgreff@cityofpragueok.org), by mail to or in person at (820 N Jim Thorpe Blvd, Prague, OK 74864).

The complaint should be submitted by the grievant and/or their designee as soon as possible but no later than 60 calendar days after the alleged violation

Within 3 business days after receipt of the complaint, the City of Prague will acknowledge receipt of the complaint via email and initiate an investigation of the complaint.

The complainant may request a meeting by phone or online. The City Manager or their designee may request additional information from the complainant and if requested will meet with the complainant by phone or online to discuss the complaint and the possible resolutions.

Within 15 business days after receipt of the complaint, the City Manager or their designee will respond in writing, and in a format accessible to the complainant. The response will explain the position of the City of Prague and offer options for substantive resolution of the complaint.

If the response by the City Manager or their designee does not satisfactorily resolve the issue, the complainant may appeal the decision within 15 calendar days after receipt of the response to the Prague City Council or their designee. Within 15 calendar days after receipt of the appeal, the Prague City Council or their designee will meet with the complainant by phone or online to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Prague City Council or their designee will respond in writing, and in a format accessible to the complainant, with a final resolution of the complaint.

Complaint Tracking and Record Retention

The City Manager will be responsible for tracking all ADA complaints for the purpose of establishing trends in allegations of discrimination.

The City Manager will maintain a summary log of all ADA complaints. In addition, all written complaint documents and materials gathered during the investigation, appeals, and responses are maintained for at least five years.

The City of Prague List of ADA Investigations, Lawsuits and Complaints

	Date Submitted/Filed (Month, Day Year)	Summary of allegation (include basis of complaint: race, color or national origin)	Status	Resolution/Action Taken
Investigations				
1				
2				
Lawsuits				
1				
2				
Complaints				
1				
2				

Complaint Form

The City of Prague ADA Complementary Paratransit Complaint Form

The purpose of this form is to assist you in filing a complaint with the City of Prague. You are not required to use this form; a letter containing the same information will be sufficient.

For questions about the City of Prague Americans with Disabilities Act (ADA) complaint procedures or complaint form contact Jim Greff (405) 567-2270 or jgreff@cityofpragueok.org.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
☐ Race ☐ Color ☐ National Origin ☐ Age				
☐ Disability ☐ Accessibility Issue ☐ Other (specify) _____				
Date of Alleged Discrimination (Month, Day, Year): _____				

Time of Day: _____

Location: _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.

Witness(es): ☐ YES ☐ NO

List Witness(es): *(Attach a separate sheet, if necessary)*

(1) Name:

Phone Number: ()

(2) Name:

Phone Number: ()

(3) Name:

Phone Number: ()

(4) Name:

Phone Number: ()

(Continued on next page)

Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ Yes ☐ No If yes, check all that apply: ☐ Federal Agency: _____ ☐ Federal Court _____ ☐ State Agency _____ ☐ State Court _____ ☐ Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature _____ Date _____

Please submit this form in person at the address below, or mail this form to:

City of Prague

Jim Greff, City Manager

820 N Jim Thorpe Blvd

Prague, OK 74864

INTERNAL USE ONLY

To be completed by ADA Compliance Officer

Accepted for formal Investigation ____/____/____

Referred to another department on ____/____/____

Rejected ____/____/____

Reason for Rejection:

Jim Greff, ADA Compliance Officer

Date