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 Public Employment Relations Board (PERB) will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: PERB 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: PERB will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in PERB’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: PERB 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 PERB 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 PERB, should contact the office of the Executive Director in Albany as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require PERB 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 PERB is not accessible to persons with disabilities should be directed to the Executive Director in Albany.

PERB 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.
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 PERB. Employment-related complaints of disability discrimination are covered elsewhere, in policies available from the human resources office of the PERB.

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. No particular format of the complaint is required. 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 or her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Jonathan J. O'Rourke, Executive Director, PO Box 2074, 2 ESP 20th Fl, Albany, NY 12220-0074

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or his or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator or his or her 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 PERB and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or his or her designee does not satisfactorily resolve the issue, the complainant and/or his or her designee may appeal the decision within 15 calendar days after receipt of the response to the agency head or his or her designee or his or her designee.

Within 15 calendar days after receipt of the appeal, the agency head or his or her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with the agency's final resolution of the complaint, or indicating that the matter has been returned to the ADA Coordinator for further action. If further action is indicated, the complainant will be contacted within 15 days from the written response.

All written complaints received by the ADA Coordinator or his or her designee, appeals to the agency head or his or her designee, and responses from these two offices will be retained by PERB for at least three years.
AMERICANS WITH DISABILITIES ACT COMPLAINT FORM

Please use this form to file a complaint based on disability in the provision of services, activities, programs or benefits.

Please submit this form to the ADA Coordinator, Executive Director, PERB; you may find contact information for the Executive Director at www.perb.ny.gov/staff.asp.

COMPLAINANT INFORMATION

Name: Home Phone:
Home Address: Email:

1. Your claim is made against:

   State Agency:

   Name:

   Title:

   Address:

   Phone:

2. Location(s) and date(s) of the circumstances giving rise to your complaint:

   Are the circumstances of your complaint continuing?
   □Yes    □No

3. Please describe the alleged denial of services, activities, programs or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting data, if available.
4. A. Have you filed a claim regarding this complaint with a federal, state or local government agency?
   □ Yes  □ No

   B. Have you hired an attorney with respect to the allegations in the complaint?
   □ Yes  □ No

   C. Have you instituted a legal suit or court action regarding this complaint?
   □ Yes  □ No

5. This complaint form was completed by:
   □ ADA Coordinator  □ Complainant

SIGNATURE: ___________________________   DATE: ___________