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

**Effective Communication:** The City of Tulsa 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 programs, services and activities.

**Modifications to Policies and Procedures:** The City of Tulsa 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, e.g., Seeing Eye dog are welcomed in the City of Tulsa offices, even where pets are generally prohibited.

The ADA does not require the City of Tulsa 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 Tulsa is not accessible to persons with disabilities should be directed to the Human Rights Department (918) 596-7818

The City of Tulsa 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.

The **City of Tulsa Human Rights Department (HRD)** is created by Title V of the City of Tulsa Revised Ordinances that receives and investigates complaints of discrimination in the areas of employment, housing, and public accommodations, e.g., Americans with Disabilities Act. Under Executive Order-19 the Human Rights Department Director was designated as the ADA Compliance Official.

**City of Tulsa**  
**Human Rights Department**  
175 East 2<sup>nd</sup> Street – Suite 865  
Tulsa OK 74103  
918-596-7818



## AMERICANS WITH DISABILITIES ACT ADA Title II - Notice and Grievance Procedure

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The City of Tulsa hereby adopts the revised internal grievance procedure to provide for prompt and equitable resolution of the complaint alleging any action that is prohibited by Title II of the Americans with Disabilities Act (hereinafter “ADA”).

In the event a request for access to programs, services or facilities cannot be resolved, an individual may file a grievance by contacting the Lead ADA Coordinator, City of Tulsa Human Rights Department Director, 175 E. 2<sup>nd</sup>. Street, Suite 865, Tulsa, OK 74103, (918) 596-7818. The City’s Lead ADA Coordinator or the Compliance Investigator is available to disabled persons requiring assistance to file a complainant. The City of Tulsa’s communications regarding the grievance will be in a format accessible to the complainant.

### **Complaint Procedure**

The procedure to file a grievance is as follows:

**Step 1.** A written grievance should be filed on the attached form. If the grievance is not filed on the City of Tulsa ADA grievance Form, it should nonetheless contain the following information:

- The name, address, and telephone number of the person filing the grievance.
- The name, address, and telephone number of the person alleging the ADA violation, if other than the person filing the complaint.
- A description of the alleged violation and the remedy sought.
- Information regarding whether a grievance has been filed with the Department of Justice or other federal or state civil rights agency or court.
- If a grievance has been filed, the name of the agency or court where the complaint was filed, the date the grievance was filed, and the name, address and telephone number of a contact person with the agency with which the complaint was filed.

**Step 2.** An oral grievance can be filed by contacting the Lead ADA Coordinator. The oral grievance will be documented in writing by the Lead ADA Coordinator utilizing the ADA Grievance Form and will be authorized by complainant.

**Step 3.** The grievance will be responded to within 20 working days of receipt of grievance from complainant.

**Step 4.** Within 60 calendar days of receipt, the Lead ADA Coordinator will forward the grievance to Compliance Investigations who will conduct the investigation necessary to determine the validity of the alleged violation. If appropriate, the Lead ADA Coordinator and/or Compliance Investigator will arrange to meet with the complainant to discuss the matter and attempt to reach, or mediate a resolution of the grievance.

**Step 5.** If an informal resolution and mediation of the grievance is not reached, a written determination as to the validity of the complaint and description of the resolution, if appropriate, shall be issued by the HRD Director and a copy forwarded to the complainant no later than 90 days from the date of the City's receipt of the complaint.

**Step 6.** The complainant may request reconsideration if he/she is dissatisfied with the written determination. The request for reconsideration shall be in writing and filed with the City of Tulsa Human Rights Department, 175 East 2<sup>nd</sup> Street, 8<sup>th</sup> Floor, Suite 865, Tulsa, OKL 74103 within 30 days after the HRD Directors determination has been mailed to the complainant. The City of Tulsa Human Rights Commission shall review the request for reconsideration and make a final determination within 90 days from the filing of the request for reconsideration.

**Step 7.** If the complainant is dissatisfied with City's handling of the grievance at any stage of the process or does not wish to file a grievance by utilizing the City's ADA Grievance Procedure, the complainant may file a grievance directly with the United States Department of Justice or other appropriate state or federal agency. Use of the City's grievance procedure is not a prerequisite to the pursuit of other remedies.

The resolution of any specific complaint will require consideration of varying circumstances, such as, the specific nature of the disability, the nature of the access to services, programs, or facilities at issue and the essential eligibility requirements for participation. Also areas to consider would be the health and safety of others, the degree to which an accommodation would constitute a fundamental alteration to the program, service, or facility, or cause an undue hardship to the City. Accordingly, the resolution by the City of any one grievance does not constitute a precedent upon which the City is bound or upon which other complaining parties may rely.

### **File Maintenance**

The City of Tulsa, HRD Compliance Division shall maintain all ADA grievance files for a period of three years.

Dr. Lana Turner-Addison, Director  
Human Rights Department  
175 East 2<sup>nd</sup>. St, Suite 865,  
Tulsa, OK 74103  
(918) 596-7818  
[lturner@cityoftulsa.org](mailto:lturner@cityoftulsa.org)

Michael H. Smith, Ph.D.  
Compliance Investigation Administrator  
Human Rights Department  
175 East 2<sup>nd</sup>. St, Suite 865,  
Tulsa, OK 74103  
(918) 596-7824  
[michaelsmith@ci.tulsa.ok.us](mailto:michaelsmith@ci.tulsa.ok.us)

Willene Leffall,  
Community Involvement Coordinator  
Lead ADA Coordinator  
Human Rights Department  
175 East 2<sup>nd</sup>. St, Suite 865,  
Tulsa, OK 74103  
(918) 596-7829  
[wleffall@cityoftulsa.org](mailto:wleffall@cityoftulsa.org)

**COMPLAINT FORM ON NEXT PAGE**

**City of Tulsa**  
**GRIEVANCE FORM**  
**AMERICANS WITH DISABILITY ACT**  
175 East 2<sup>nd</sup>. St, Suite 865, Tulsa, OK 74103 – (918) 596-7829

**Today's Date:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City, State, ZIP** \_\_\_\_\_

**Telephone & E-mail** \_\_\_\_\_

**Individual Discriminated Against:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, ZIP** \_\_\_\_\_

**Telephone & E-mail** \_\_\_\_\_

**Alleged Violation: Date(s) of Occurrence:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested Action by City to Correct Violation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has Complaint been Filed with State or Federal Agency: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Name of Agency:** \_\_\_\_\_ **Date Filed** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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