



Disability Discrimination Policy

Effective Date: March XX, 2017

AUTHORITY: The Americans with Disabilities Act of 1990, as amended. TCA 4-3-2303. Title I regulations regarding employment of 29 CFR Part 1630, Title II regulations regarding public entities of CFR Part 35. The City of Sevierville has several existing policies governing grievance procedures for disciplinary actions and sexual harassment. If any portion of this policy conflicts with applicable state or federal laws or 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 policy is to state the City of Sevierville’s policy of non-discrimination based on disability.

RESPONSIBLE OFFICE: Human Resources Office.

APPLICATION: All persons seeking access to programs, services or facilities of the City of Sevierville. All employees of the City of Sevierville and all persons seeking employment or conducting business with the City.

POLICY: It is the policy of the City of Sevierville to prohibit discrimination or harassment against any qualifying individual with a disability on the basis of disability in regards to the City’s hiring and employment practices, or in the admission or access to, or treatment or employment in, its programs, services or activities. The City shall comply with applicable requirements of Section 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the City of Sevierville Personnel Rules and Regulations, as well as any other applicable law pertaining to disability non-discrimination.

PROCEDURE: The City of Sevierville hereby adopts the compliant procedure process issued by this policy including the attached Intake/Referral form.

HOW TO REPORT DISABILITY DISCRIMINATION INCIDENTS: If an employee, applicant for employment, or third party 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.

Employees and applicants for employment may file a complaint with the City of Sevierville Human Resource Office: or to the ADA Coordinator Office:

| | |
|-------------------------|---|
| Kristi Ward | Lucas Muñasque |
| Human Resources Manager | Assistant Project Manager/ADA Coordinator |
| 120 Gary Wade Boulevard | 310 Robert Henderson Road |
| P.O. Box 5500 | PO Box 5500 |
| Sevierville, TN 37864 | Sevierville, TN 37864 |
| Phone: 865.453.5504 | Phone: 865.429.4567 |
| TTY: XXX.XXX.XXXX | TTY: XXX.XXX.XXXX |
| kward@seviervilletn.org | lmunasque@seviervilletn.org |

Under no circumstances is the individual alleging disability discrimination and/or harassment required to file a complaint with the alleged harasser. If an employee or applicant believes he/she cannot file a complaint within his/her department, that person should contact the City Administrator’s office at 865.453.5504.



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HOW TO REPORT RETALIATION INCIDENTS: In an employee, applicant for employment or third party believes he/she has been subjected to retaliation for engaging in protected conduct under this policy, he/she must report incidents as soon as possible after the event occurs. Any employee, applicant for employment, or third party who makes complaints of disability discrimination and/or harassment or provides information related to such complaints will be protected against retaliation. If retaliation occurs, the employee, applicant for employment, or third party should report the retaliation in the same manner as he/she would report a workplace harassment complaint.

HOW COMPLAINTS ARE INVESTIGATED AND RESOLVED: The ADA Coordinator and/or the Office of Human Resources will conduct a thorough and neutral investigation of all reported complaints of workplace disability discrimination, harassment and/or retaliation as soon as practicable. Generally, an investigation will include an interview with the complainant to determine if the conduct in issue violates this policy. If the City determines that the conduct falls within the terms of this policy, the department will interview the alleged offender and any other witnesses who have direct knowledge of the circumstances of the allegations. The City retains the sole discretion to determine whether a violation of this policy has occurred and to determine what level, if any, of disciplinary action is warranted. If a complaint involves a Department Head, City Administration, members of the Board of Mayor and Aldermen, appropriate measures may be taken to make sure the investigation is handled by the appropriate agency or authority.

HOW CONFIDENTIALITY IS TREATED: To the extent permitted by law, the City will try to maintain the confidentiality of each party involved in disability discrimination and/or harassment investigation, complaint or charge, provided it does not interfere with the department's ability to investigate the allegations or to take corrective action. However, the City cannot guarantee confidentiality. Any documents that are made or received in the course of the investigation are public records, unless otherwise exempted by state law. Unless such exemption applies, state law will prevent the City from maintaining confidentiality or investigative records.

DIRECTIVE TO SUPERVISORY PERSONNEL: Supervisory personnel who receive a complaint alleging disability discrimination or learn by any means of conduct that may violate this policy must immediately report any such event to the City Human Resources Manager, ADA Coordinator, or to the City Administrator's Office.

CORRECTIVE ACTION FOR VIOLATION OF THIS POLICY: Any employee who engages in conduct that violates this policy or who encourages such conduct by others will be subject to corrective action. Such corrective action includes, but is not limited to, mandatory participation in counseling, training, disciplinary action, up to and including termination, and/or changes in job duties or location. Supervisory personnel who allow disability discrimination, harassment and/or retaliation to continue or fail to take appropriate action upon learning of such conduct will be subject to corrective action. Such corrective action includes, but is not limited to, mandatory participation in counseling, training, disciplinary action, up to and including termination, and/or changes in job duties or location.



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OTHER PROVISIONS: When a complaint is filed, the investigator will inform the complainant, accused and witnesses of the statement of limitation on confidentiality included in the Intake/Referral process. The investigator will also inform the complainant, accused, and witnesses of the strict prohibition of retaliation, as defined in this policy. The investigator will communicate information concerning the allegations only to those to whom the investigator is authorized to report such matters. The investigator will issue a letter to the accuser and the accused concerning the outcome of the investigation. A copy this letter will be forwarded to the Office of the City Administrator. All documents generated by the investigation and any subsequent disciplinary action shall be preserved and only disposed of in accordance with the appropriate document retention rules. Any disciplinary action taken requires that records of such action be maintained in the disciplined employee's personnel file subject to the City of Sevierville's rules concerning the retention of disciplinary records. The supervisor is responsible for maintaining the proper performance level, conduct and discipline of employees under his/or her supervision. When corrective action is necessary resulting from violation of policy, the supervisor must take the appropriate disciplinary action.



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INTAKE/REFERRAL FORM

STATEMENT CONCERNING CONFIDENTIALITY: To the extent permitted by law, the City will try to maintain the confidentiality of each party involved in disability discrimination and/or harassment investigation, complaint or charge, provided it does not interfere with the department's ability to investigate the allegations or to take corrective action. However, the City cannot guarantee confidentiality. Any documents that are made or received in the course of the investigation are public records, unless otherwise exempted by state law. Unless such exemption applies, state law will prevent the City from maintaining confidentiality or investigative records.

NAME OF COMPLAINANT OR PERSON REPORTING EVENT:

TELEPHONE NUMBERS OF COMPLAINANT OR PERSON REPORTING EVENT:

WORK: _____ CELL: _____

NAME OF DEPARTMENT INVOLVED: _____

NAME OF PERSON(S) WHO ALLEGEDLY DISCRIMINATED AGAINST YOU OR HARASSED YOU: _____

RELATIONSHIP OF ALLEGED ACCUSER TO YOU (I.E. DIRECT SUPERVISOR, CO-WORKER): _____

DATE OF EARLIEST OCCURRENCE OF EVENTS: _____

DATE OF LATEST OCCURRENCE OF EVENTS: _____

HOW WERE YOU DISCRIMINATED AGAINST:

EXPLAIN AS CLEARLY AS POSSIBLE WHAT HAPPENED, INCLUDING WHO DID WHAT, WHERE IT HAPPENED, WHO WAS INVOLVED, ETC.:

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.



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EXPLAIN WHY YOU BELIEVE THESE EVENTS OCCURRED:

DESCRIBE HOW OTHERS WERE TREATED DIFFERENTLY THAN YOU:

WERE THERE OTHER EMPLOYEES OR CITIZENS WHO WERE TREATED BETTER IN SIMILAR CIRCUMSTANCES? PLEASE CHECK ONE: YES NO

IF YOU ANSWERED YES TO THE PREVIOUS QUESTION, PLEASE PROVIDE THE NAMES OF THE EMPLOYEES OR CITIZENS WHO WERE TREATED BETTER AND DESCRIBE HOW THEY WERE TREATED BETTER:

PLEASE LIST BELOW ANY PERSONS (WITNESSES, FELLOW EMPLOYEES, CITIZENS, SUPERVISORS, OTHERS) WHO MAY HAVE ADDITIONAL INFORMATION TO SUPPORT OR CLARIFY THIS COMPLAINT. EXPLAIN WHAT INFORMATION EACH CAN PROVIDE.



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PLEASE IDENTIFY ANY OTHER INFORMATION (INCLUDING DOCUMENTARY EVIDENCE SUCH AS DIARIES, JOURNALS, RECORDINGS, EMAILS, VOICEMAILS, CORRESPONDENCE, ETC.) THAT YOU THINK IS RELEVANT TO THIS MATTER.

WHAT DO YOU WANT TO HAPPEN AS A RESULT OF THIS COMPLAINT?

IF YOU HAVE TOLD ANYONE ELSE ABOUT THIS MATTER, PLEASE LIST THE NAME(S) AND RELATIONSHIP(S) (COWORKER, FAMILY MEMBER, ETC.)

SIGNATURE

DATE

IF COMPLETED BY SUPERVISOR OR AGENT OF STATE AS A RESULT OF INTERVIEWING A COMPLAINANT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

SIGNATURE: _____

PRINTED NAME AND TITLE: _____



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INVESTIGATION MEMORANDUM FORMAT

1. Complainant's name, job title, company, department, location
2. Initiation of investigation:
 - a. Persons involved in conducting investigation
 - b. Date complaint received by City
 - c. Person in agency who initially received complaint
 - d. Date investigation began and, if applicable, reason for any delay
3. Description of complaint
 - a. General nature of events giving rise to complaint, including dates of alleged events
 - b. Person(s) accused of inappropriate behavior and organizational relationship to complainant
4. Statements and evidence gathered in the investigation
 - a. Complainant
 - i. Specific allegation(s). If more than one allegation, list each separately
 - ii. Additional witnesses named by complainant
 - iii. Resolution desired by complainant
 - b. Person accused of inappropriate behavior. If more than one, list each separately
 - i. Specific response(s) to allegation(s). If more than one, list each separately
 - ii. Additional witnesses named by accused
 - c. Witnesses interviewed
 - i. Name and job title. If more than one, list each separately
 - ii. Evidence about specific allegations (noting firsthand knowledge v. secondhand knowledge)
 - iii. Additional witnesses, if any
5. Summary of evidence
 - a. Corroboration of specific allegations
 - b. Non-corroboration of specific allegations
 - c. Other pertinent information
6. Conclusions concerning violation of policy. **INCLUDE ONLY AT THE DIRECTION OF THE CITY.**
7. Appendices
 - a. List of potential witnesses not interviewed and reason
 - b. List of attachments (documentary evidence)