

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

- **Employment:** Vers Ability Resources 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: VersAbility Resources will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in DRPT'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: VersAbility Resources 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.
- Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a VersAbility Resources program, service or activity, should contact Jennifer Campbell, (757) 896-8479, jcampbell@versability.org as soon as possible but no later than 48 hours before the scheduled event.
- The ADA does not require VersAbility Resources to take any action that would fundamentally alter the nature of its programs or services, or impose any undue financial or administrative burden.
- Complaints that a VersAbility Resources program, service or activity is not accessible to persons with disabilities should be directed to Jennifer Campbell, (757) 896-8479, jcampbell@versability.org.
- VersAbility Resources 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.



VersAbility Resources Grievance Procedure under the Americans with Disabilities Act

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 VersAbility Resources. VersAbility Resources' policies and procedures governs employment-related complaints of disability discrimination.

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. 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/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Jennifer Campbell, Director of Quality and Compliance c/o VersAbility Resources, Inc. 2520 58th Street
Hampton, VA 23661

Within 15 calendar days after receipt of the complaint, Jennifer Campbell or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Jennifer Campbell 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 VersAbility Resources and offer options for substantive resolution of the complaint.

If the response by Jennifer Campbell or her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the President/CEO, Kasia Grzelkowski, or her designee.

Within 15 calendar days after receipt of the appeal, Kasia Grzelkowski or her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, Kasia Grzelkowski or her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by Jennifer Campbell or her designee, appeals to the designee, Kasia Grzelkowski or her designee, and responses from these two offices will be retained by VersAbility Resources for at least three years.



Americans with Disabilities Act Discrimination Complaint Form

Name	Phone Number	Alternate Phone Number	
Address			
City	State	ZIP Code	
Email Address		Date	
Preferred method of contact			
□Email □Phone □Mail			
Select each of the following that are applicable to the access barrier or discrimination			
complaint:			
□Public rights-of-way □Program □Service □Activity			
Provide a detailed explanation of the accessibility barrier or discrimination complaint.			
Explain as clearly as possible what happened and why you believe that you were discriminated against.			
Please also include the date of incident if different from the date the complaint is being filed. 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)			



Places also complete reverse side of form		
Please also complete reverse side of form Have you filed this complaint with any other federal, state, or local agencies?		
Yes No		
If yes, list the agency/agencies contact information below.		
Agency Name	Contact Name	
Address, City, State, ZIP Code	Phone Number	
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WHERE ABILITY MEETS OPPORTUNITY

Agency Name	Contact Name	
Address, City, State, ZIP Code	Phone Number	
Provide a solution to the complaint.		
Complainant signature	Date	
	on or intimidate against anyone because they have secure the rights protected by these laws. If you	
experience retaliation or intimidation separate from you have questions regarding the con	m the discrimination alleged in this complaint, or if mpletion of this form, please contact:	
INSERT ADA COMPLIANCE OFFICE		
Office Use Only		
Date received	Received by	