



RICHMOND
INTERNATIONAL AIRPORT®

Americans with Disability Act – Title II: Requests for Accommodations and Grievance Procedure

PURPOSE:

In accordance with Title II of the Americans with Disabilities Act (ADA) of 1990 and its implementing regulations, as well as Section 504 of the Rehabilitation Act of 1973, the Capital Region Airport Commission (the “Commission”) does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.

POLICY:

It is the policy of the Commission to provide access to the Richmond International Airport and the services associated with its operation to persons with disabilities in accordance with Title II of the ADA. Additionally, the Commission prohibits discrimination on the basis of disability in the provision of services, activities, programs, and benefits by the Commission. The Commission will make reasonable accommodations to ensure that individuals with disabilities have an equal opportunity to enjoy Commission services, activities, programs, and benefits. The ADA does not require the Commission to take any action that would fundamentally alter the nature of the service, activity, program, or benefit in question.

Oversight of ADA compliance is the responsibility of the Commission ADA Coordinator. Anyone who believes that they have been discriminated against on the basis of disability in the provision of the services, activities, programs, or benefits by the Commission, or who requires a reasonable accommodation to participate in a program, service, or activity of the Commission, should contact the ADA Coordinator. Additionally, any complaints that a program, service, or activity of the Commission is not accessible to persons with disabilities should be directed to the ADA Coordinator.

Communications with the Commission’s ADA Coordinator should be directed to:

Stacy Seay, CPPB, VCA
Procurement Manager and ADA Coordinator,
Capital Region Airport Commission,
1 Richard E. Byrd Terminal Drive, Suite C,
Richmond International Airport, VA 23250,
Tel: (804) 226-8576
Email: sseay@flyrichmond.com or by fax to (804) 652-2605.

REASONABLE ACCOMMODATION PROCEDURES:

Title II of the ADA requires public entities to make reasonable modifications to existing policies, practices and procedures to avoid discrimination on the basis of disability, unless to do so would fundamentally alter the nature of the program, service or activity in question.

The policy of the Commission is to reasonably accommodate individuals with disabilities. The Commission has established, pursuant to Title II of the ADA and Section 504 of the Rehabilitation Act of 1973, the following procedure to be used by persons who would like to request a reasonable accommodation:

1. Obtain a copy of the Commission's **REQUEST FOR REASONABLE ACCOMMODATION** form (Attachment A). Copies of the form are available online at www.flyrichmond.com/index.php/customers-with-disabilities or free of charge from the Commission at its offices, located at 1 Richard E. Byrd Terminal Drive, Suite C, Richmond International Airport, VA 23250, or by contacting the Commission's ADA Coordinator. Alternative means of requesting reasonable accommodations, such as personal interviews or other assistance, will be made available upon request for persons with disabilities requiring use of such alternate means.
2. Complete the **REQUEST FOR REASONABLE ACCOMMODATION** form. If you need assistance filling out the form, the Commission will assist you or you may ask someone else to assist you. All of the information must be provided before the Commission will begin to process the request. The Commission may ask for additional information to process the request, including, in some instances, that the disabled individual, or the information provided, be examined, tested, or reviewed by experts at the Commission's expense. Failure or refusal to provide the Commission with all of the information necessary to determine your eligibility for accommodation is grounds for denying the request. Any questions or requests for assistance with these procedures or grievances should be directed to the Commission's ADA Coordinator.
3. Submit the **REQUEST FOR REASONABLE ACCOMMODATION** form to the ADA Coordinator at the address above. Private information disclosed in the request will be kept confidential to the extent required by law, but state and/or federal law may permit or require the Commission to disclose or use the information in Commission conducted public hearings regarding the request, in court or administrative proceedings, by court order and in other circumstances.

GRIEVANCE PROCEDURE:

The Commission has established, pursuant to Title II of the ADA and Section 504 of the Rehabilitation Act of 1973, the following grievance procedure ("Grievance Procedure") to be used by persons who allege a complaint or a violation of the ADA by the Commission. Individuals are not required by federal regulations to use this Grievance Procedure, but may file complaints directly with the appropriate enforcement agency. Please be advised that the Commission's Personnel Manual governs employment-related complaints of disability discrimination.

1. Obtain a copy of the Commission's **ADA DISCRIMINATION COMPLAINT** form (Attachment B). Copies of the form are available online at www.flyrichmond.com/index.php/customers-with-disabilities or free of charge from the Commission at its offices, located at 1 Richard E. Byrd Terminal Drive, Suite C, Richmond International Airport, VA 23250, or by contacting the Commission's ADA Coordinator. The complaint should be in writing and the Complaint Form should contain the name, address, and telephone number of the complainant and should contain as much information as possible concerning the alleged violation, including the location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint or other assistance, will be made available upon request for persons with disabilities requiring use of such alternate means.
2. The Complaint Form should be submitted to the ADA Coordinator at the address above by the complainant and/or his or her designee as soon as possible, but no later than sixty (60) calendar days following the event or action giving rise to the complaint. Strict confidentiality of all information provided will be maintained to the extent required by law. Sharing of information, including identity, will be done only as required by law or as needed to resolve the complaint.
3. Within fifteen (15) calendar days after receipt of the completed Complaint Form, the ADA Coordinator or his/her designee may meet with the complainant, either in person or by telephone, to discuss the complaint and possible resolutions, if the ADA Coordinator or his/her designee determines that a meeting would be helpful to the determination. Within fifteen (15) calendar days after the meeting, or within thirty (30) days after receipt of the completed Complaint Form if there is no meeting, the ADA Coordinator or his/her designee will respond in writing or, when appropriate, in a format accessible to the complainant, such as print, Braille, or audiotape. The response will explain the position of the Commission and offer options for substantive resolution of the complaint.

4. If the response by the ADA coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his designee may appeal the decision, in writing, within fifteen (15) calendar days after the receipt of the response to the President/CEO of the Commission or his/her designee at 1 Richard E. Byrd Terminal Drive, Suite C, Richmond International Airport, VA 23250.
5. Within fifteen (15) calendar days after receipt of the appeal, the President/CEO or his/her designee may meet with the complainant, either in person or by telephone, to discuss the complaint and possible resolutions, if the President/CEO or his/her designee determines that a meeting would be helpful to the determination. Within fifteen (15) calendar days after the meeting, or within thirty (30) days after receipt of the appeal if there is no meeting, the President/CEO or his/her designee will respond in writing or, when appropriate, in a format accessible to the complainant, with a final resolution of the grievance or complaint.

RECORD-KEEPING

All written complaints received by the ADA Coordinator or his/her designee, appeals to the President/CEO or his/her designee, and responses will be retained by the Commission for at least three (3) years.

Any employees of the Commission who investigate a grievance are to discuss it only with those individuals who have a legitimate need to know about it or who are needed to supply necessary background information or advice.

The Commission's ADA Title II – Requests for Accommodations and Grievance Procedure will be posted in prominent locations in Commission facilities. Upon request, it will be made available in alternative formats by contacting the ADA Coordinator.



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ATTACHMENT A: REQUEST FOR REASONABLE ACCOMMODATION FORM

If you believe that you require a reasonable accommodation to access a program, service, or activity of the Capital Region Airport Commission (the "Commission") due to a disability, please complete and submit this form to the Commission's ADA Coordinator. If you have any questions, require assistance, or need alternative means to submit a request due to a disability, please contact:

Stacy Seay, CPPB, VCA
Procurement Manager and ADA Coordinator,
Capital Region Airport Commission,
1 Richard E. Byrd Terminal Drive, Suite C,
Richmond International Airport, VA 23250,
Tel: (804) 226-8576
Email: sseay@flyrichmond.com or by fax to (804) 652-2605.

SECTION 1

Person Requesting Accommodation:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ (evening): _____

Email: _____

Preferred Method of Contact: _____

Person Completing Form (If other than the concerned):

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ (evening): _____

Email: _____

Preferred Method of Contact: _____

SECTION 2

Accommodation Requested. *(Be as specific as possible, e.g., adaptive equipment, reader, interpreter. Please identify the specific program, service, or activity you are attempting to access.)*

SECTION 3

Reason for Request. *(If accommodation is time sensitive, please explain)*

AFFIRMATION

**I affirm that the above information is true and accurate to the best
of my knowledge, information, and belief.**

SIGNATURE: _____ DATE: _____

**Sign and submit the completed REQUEST FOR REASONABLE ACCOMMODATION form by mail to
Stacy Seay, CPPB, VCA Procurement Manager and ADA Coordinator,
Capital Region Airport Commission, 1 Richard E. Byrd Terminal Drive, Suite C,
Richmond International Airport, VA 23250 or by fax to (804) 652-2605.**

NOTE: Please be advised that the Commission is obligated to comply with the Virginia Freedom of
Information Act. Furnishing of the requested information is voluntary, except that the failure to provide
such information may result in the Commission being unable to process your complaint.



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ATTACHMENT B: ADA DISCRIMINATION COMPLAINT

If you believe that you or another have been subjected to discrimination on the basis of disability in the provisions of services, activities, programs, or benefits by the Capital Region Airport Commission (the "Commission"), you may complete and submit this form to the Commission's ADA Coordinator. Please be advised that the Commission's Personnel Manual governs employment-related complaints of disability discrimination. If you have any questions or need alternative means to submit a complaint due to a disability, please contact:

Stacy Seay, CPPB, VCA
Procurement Manager and ADA Coordinator,
Capital Region Airport Commission,
1 Richard E. Byrd Terminal Drive, Suite C,
Richmond International Airport, VA 23250,
Tel: (804) 226-8576

Email: sseay@flyrichmond.com or by fax to (804) 652-2605.

SECTION 1

Complainant Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ (evening): _____

Email: _____

Preferred Method of Contact: _____

Person Completing Form (If other than the complainant):

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ (evening): _____

Email: _____

Preferred Method of Contact: _____

SECTION 2

Have efforts been made to resolve this complaint with the Commission previously? ☐ Yes ☐ No

- If yes, what was the outcome?

Has a complaint related to the alleged discrimination that is the subject of this complaint been filed by the complainant or his/her designee with any other Federal, State, or local civil rights agency or court?

☐ Yes ☐ No

- If yes, with which agency(ies) and/or court(s)? Date filed?

- Who is the contact person?

SECTION 3

When and where did the alleged discrimination occur?

[illegible]☐ No

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I affirm that the above complaint is true and accurate to the best of my knowledge, information, and belief.

Sign and submit the completed ADA DISCRIMINATION COMPLAINT form by mail to Stacy Seay, CPPB, VCA Procurement Manager and ADA Coordinator, Capital Region Airport Commission, 1 Richard E. Byrd Terminal Drive, Suite C, Richmond International Airport, VA 23250, or by fax to (804) 652-2605.

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