



PENNSYLVANIA COMMISSION FOR FAIRNESS & JUSTICE AMERICANS WITH DISABILITIES ACT (TITLE II) POLICY

The Pennsylvania Commission for Fairness & Justice (Commission) complies with Title II of the Americans with Disabilities Act (ADA) which provides that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.” 42 U.S.C.A. §12132. Pursuant to that requirement, if you are an individual with a disability who needs an accommodation in order to participate in any judicial proceeding or any other service, program, or activity of the Commission, you are entitled, at no cost to you, to the provision of certain assistance. The ADA does not require the Commission to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

If you require an accommodation under the ADA, it is recommended that you make your request as soon as possible or at least three (3) business days before your scheduled participation in any Commission program or activity. All requests for accommodation, regardless of timeliness, will be given due consideration and if necessary, may require an interactive process between the requestor and the Commission to determine the best course of action.

To request a reasonable accommodation, please complete the *Request for Reasonable Accommodation Form* (Appendix A) and return it to:

Brendan Bertig
Staff Attorney
Pennsylvania Commission for Fairness & Justice
Pennsylvania Judicial Center
601 Commonwealth Avenue, Suite 6200
P.O. Box 62545
Harrisburg, PA 17106-2545
(717) 231-9555, ext. 4138
brendan.bertig@pacourts.us

If you need assistance completing this form, contact Brendan Bertig.

Complaints alleging violations of Title II under the ADA may be filed pursuant to the Commission Grievance Procedure with Maraleen Shields, Esq., Executive Director of the Commission. A response will be sent to you after a careful review of the facts.

APPENDIX A

AMERICANS WITH DISABILITIES ACT ACCOMMODATION (ADA) TITLE II REQUEST FOR REASONABLE ACCOMMODATION FORM (INCLUDES REQUEST FOR INTERPRETER FOR HEARING /SPEECH IMPAIRED)
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Client Information – Section A

Name: _____	Phone: _____
Address: _____	Email: _____
_____	Mobile: _____

Please check the box that most closely describes your status in this matter:

☐ Litigant
 ☐ Plaintiff
 ☐ Defendant
 ☐ Parent
 ☐ Child
 ☐ Witness
 ☐ Attorney
 ☐ Victim
 ☐ Juror
☐ Other (please explain) _____

Requestor Information *(if different from above)*

Name: _____	Bus. Phone/ Mobile: _____
Address: _____	Fax: _____
Relationship to Client: _____	Email: _____
_____	TTY: _____

Accommodation

Nature of the disability for which an accommodation is requested: _____

Accommodation requested: _____

Location of Proceeding	Proceeding Information <i>(if known)</i>
Name of Office: _____	Case #: _____
Address: _____	Case Name: _____
_____	Judge: _____
_____	<div style="display: flex; justify-content: space-between;"> Proceeding Date: _____ Proceeding Time: _____ </div>
	Proceeding Type: _____

AFTER COMPLETING THE FORM, PLEASE SEND TO:

BRENDAN BERTIG, PENNSYLVANIA COMMISSION FOR FAIRNESS & JUSTICE, PENNSYLVANIA JUDICIAL CENTER, 601 COMMONWEALTH AVENUE, SUITE 6200, P.O. BOX 62545, HARRISBURG, PA 17106-2545

I hereby certify that an Americans with Disabilities Act accommodation is required in the above-captioned action on the date stated.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Service Provider Information – Section B

A SERVICE REQUEST HAS BEEN MADE FOR THE CLIENT NAMED ABOVE.

Service Provider Company: _____ Individual _____ Interpreter Name: _____ Bus. Phone/ Mobile: _____	Fax: _____ Email: _____ Date to Provider: _____
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Court Official Verification – Section C	
VERIFYING OFFICIAL SHALL MAINTAIN A COPY IN THE COURT’S CASE FILE AND PROVIDE THE ORIGINAL TO THE SERVICE PROVIDER FOR SUBMISSION WITH BILLING.	
I hereby verify that the services were performed by the provider in the above-captioned action on the date and time stated.	
Start Date & Time: _____	End Date & Time: _____
Court Official: _____ <i>(Please print name)</i>	Signature: _____
Title: _____	Date: _____

Americans with Disabilities Act (Title II) Grievance Procedure

This grievance procedure is established for the prompt resolution of complaints alleging any violation of Title II of the Americans with Disabilities Act (ADA) in the provision of services, programs, or activities by the Pennsylvania Commission for Fairness & Justice (Commission). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact Brendan Bertig.

To file a complaint under the Grievance Procedure please take the following steps:

1. Complete the complaint form (Appendix B) and return to:

Brendan Bertig
Staff Attorney
Pennsylvania Commission for Fairness & Justice
Pennsylvania Judicial Center
601 Commonwealth Avenue, Suite 6200
P.O. Box 62545
Harrisburg, PA 17106-2545
(717) 231-9555, ext. 4138
brendan.bertig@pacourts.us

Alternative means of filing complaints will be made available for persons with disabilities upon request. The complaint should be submitted as soon as possible but no later than sixty (60) calendar days after the alleged violation.

2. Within fifteen (15) calendar days of receipt of the complaint, the Executive Director of the Commission will investigate the complaint, including, meeting with the individual seeking an accommodation, either in person or via telephone, to discuss the complaint and the possible resolutions. Within fifteen (15) calendar days of the meeting, the Executive Director of the Commission will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio. The response will explain the position of the Commission and offer options for substantive resolution of the complaint.
3. If the response to the complaint does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to the Commission Chair. Within fifteen (15) calendar

days after receipt of the appeal, the Commission Chair will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the Commission Chair will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

This grievance procedure is informal. An individual's participation in this informal process is completely voluntary. Use of this grievance procedure is not a prerequisite to and does not preclude a complainant from pursuing other remedies available under law.

The UJS Policy on Non-Discrimination and Equal Employment Opportunity also encompasses disability-related issues and provides complaint procedures for UJS court users. Any employment-related disability discrimination complaints will be governed by the UJS Policy on Nondiscrimination and Equal Employment Opportunity.

APPENDIX B

AMERICANS WITH DISABILITIES ACT (ADA) TITLE II GRIEVANCE FORM

Grievant Information

Grievant Name: _____ Home Phone
(include area code): _____

Address: _____ Business Phone
(include area code): _____

Mobile Phone
(include area code): _____

Alternative Contact Person (other than Grievant)

Name: _____ Home Phone
(include area code): _____

Address: _____ Business Phone
(include area code): _____

Relationship
To Client: _____

Court Service, Program or Facility Allegedly in Violation

Date and Location of Alleged Violation (dd/mm/yyyy)

Description of Alleged Violation and Requested Remedy

Has this case been filed with the Department of Justice or other government agency or court?

Yes No

If You Answered "Yes" to the Previous Question, Complete the Following

Agency or Court: _____ Contact Person: _____

Address: _____ Phone
(include area code): _____

Date Filed: _____

Other Comments

Signature: _____

Date: _____