NON-DISCRIMINATION AND ACCOMMODATION FOR PERSONS WITH DISABILITIES

PURPOSE

It is the purpose of this document to present a policy on non-discrimination and accommodation for persons with disabilities.

POLICY

A. INTRODUCTION

1. Westfield State University recognizes the multitude of barriers which confront persons with disabilities in access to employment and education. Consistent with state and federal statutes which affirm and protect the equal opportunity rights of otherwise qualified persons with disabilities, the University adopts a policy of non-discrimination and equal opportunity for otherwise qualified persons with disabilities. In all matters of employment and education such persons will receive full and fair treatment.

B. EMPLOYMENT OF PERSONS WITH DISABILITIES

1. Westfield State University will examine all existing employment policies, practices and facilities to insure that they do not disparately treat or impact otherwise qualified persons with disabilities. Where such disparity is found, it will be corrected as quickly and completely as is reasonable under existing financial constraints.

2. Westfield State University will make every effort to employ and advance in employment otherwise qualified persons with disabilities. This requires constructive, pro-active measures to advocate for equal opportunity in all areas of employment including recruitment, selection, upgrading, training, compensation, benefits and all other terms and conditions of employment. Such measures shall include, but not be limited to, vigorous identification of competitive persons with disabilities for selection, promotion and training.

3. In accordance with law, the University will afford reasonable accommodations to any otherwise qualified employee with a disability to enable the employee to perform the essential functions of the job. Reasonable accommodations will also be afforded to applicants for employment who have a disability to enable them to adequately pursue a candidacy for any available position.

C. EDUCATION OF PERSONS WITH DISABILITIES
1. The University will examine all existing admissions, student support and other student life policies, practices and facilities to assure that they do not disparately treat or impact otherwise qualified disabled persons. Where such disparity is found, it will be corrected as quickly and completely as is reasonable under existing financial constraints.

2. The University adopts a policy of non-discrimination with respect to admissions and access to programs, facilities and services. Further, the University seeks to promote an environment free from harassment.

3. In accordance with Title I of the Americans with Disabilities Act (ADA), the University will provide necessary reasonable accommodations (including support services) to otherwise qualified students with disabilities to assure equal access to programs, facilities and services.

D. INSTITUTIONAL COMPLAINT PROCEDURES

1. The University’s Discrimination Complaint Procedures will serve as a system of review and resolution for both informal claims and formal complaints of discrimination because of disability. Any member of the University Community who believes that s/he has been a victim of discrimination because of disability may initiate the informal claim or formal complaint procedures as outlined in the University’s Discrimination Complaint Procedures. Further information or advice may be obtained by contacting the Assistant VP Human Resources and Affirmative Action.

2. Complaints that involve students may be investigated and adjudicated/processed in concert with the student conduct office.

REVIEW

This document will be reviewed annually by the Assistant VP Human Resources and Affirmative Action.

Discrimination Complaint Form Attached
## DISCRIMINATION COMPLAINT FORM

<table>
<thead>
<tr>
<th>NAME OF COMPLAINANT:</th>
<th>________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLACE WHERE YOU MAY BE CONTACTED:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>________________________________________________</td>
</tr>
<tr>
<td>Phone:</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>E-mail:</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>DATES OF ALLEGED DISCRIMINATORY ACT:</td>
<td>__________________________________</td>
</tr>
<tr>
<td>ALLEGED DISCRIMINATOR:</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>NATURE OF COMPLAINT AND RELIEF DESIRED:</td>
<td>Include all events, places and persons that you feel are involved with this complaint. (Use additional pages if necessary)</td>
</tr>
</tbody>
</table>

The above information is complete and accurate to the best of my knowledge and belief and I hereby elect to use the procedures outlined in the *Discrimination Complaint Procedures*. I (do) (do not) authorize the use of my name in the investigation and resolution of this claim/complaint and the disclosure of this document to appropriate administrators and any or all persons named above, including their representatives.

Signature of Complainant: _______________________________ Date: ___________