



Minerva Free Library  
116 Miller Street  
Sherman, NY 14781  
Phone: 716-761-6378

## Americans with Disabilities Act Compliance Policy

### STATEMENT OF POLICY

Minerva Library complies with the Americans with Disabilities Act of 1990, Public Law 101-336 (ADA), which prohibits discrimination on the basis of disability. The ADA, as applied to cities, counties, and other local governmental entities, requires that no qualified individual with a disability shall, on the basis of a disability, be denied the benefits of local government services, programs, or activities.

Accordingly, Minerva Library WILL:

- Take appropriate steps to ensure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others.
- Make reasonable accommodations in policies, practices, or procedures when necessary to avoid discrimination on the basis of disability.
- Operate its programs so that, when viewed in their entirety, they are readily accessible to and usable by individuals with disabilities.

### HOW TO REQUEST REASONABLE ACCOMMODATIONS

Persons who need an accommodation in order to receive the benefits of a Minerva Library service, program or activity should complete a "Reasonable Accommodation Request Form" or contact the Library Director.

### GRIEVANCE PROCEDURE

Enforcement of this policy is the responsibility of all Library Staff. Persons who believe they have been discriminated against based on their disability should file a Discrimination Complaint Form, which is an attachment to this policy.

Individuals may also file a complaint with the Civil Rights Division of the U.S. Department of Justice. *\*See "How to File a Discrimination Complaint" for details.* Individuals are protected from retaliation or coercion when pursuing their rights or responsibilities under the A.D.A.

**Board of Directors- Sherman Minerva Free Library**

**Board Approved- October 7, 2025**

**The Minerva Free Library reserves the right to modify this policy at any time.**

### ATTACHMENTS

1. How to File a Discrimination Complaint
2. Discrimination Complaint Form
3. Reasonable Accommodation Request Form



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### A.D.A. GRIEVANCE PROCESS

#### How to File a Discrimination Complaint

If you feel that you have been treated differently or denied service because of your disability, you may file a complaint. If you were wrongfully denied services, or if the treatment you received was separate or different from others, or if a program was not accessible to you, it may be discrimination.

You may file a complaint with Minerva Library, and/or you may file a complaint with Civil Rights Division. No one may threaten or harass you for making a complaint.

To file a complaint, request a Discrimination Complaint Form by calling the Library at 716-761-6378 or visiting the website [www.minervalibrary.org](http://www.minervalibrary.org). Send the completed form to the address on the form.

#### Appeal Process

If not satisfied with the response of the Library Director, you may appeal to the Minerva Library Board of Trustees, 116 Miller St., Sherman, NY 14781. If still not satisfied, you may file your complaint with the federal agency described below.

#### Filing an ADA Complaint with the Department of Justice, Civil Rights Division

There are three options for filing an ADA complaint:

1. Online

File a complaint by submitting a report on the Department of Justice's Civil Rights Division website

<https://civilrights.justice.gov/>.

2. Mail

Fill out and send the paper ADA Complaint Form <https://ada.gov/> or a letter containing the same information, to:  
U.S. Department of Justice Civil Rights Division 950 Pennsylvania Avenue, NW Washington, DC 20530

3. Fax

Fill out and send the paper ADA Complaint Form <https://ada.gov/> or a letter containing the same information, and fax to (202) 307-1197.

#### FOR FURTHER INFORMATION:

In accordance with Section 35.106 of the ADA's Title II Regulations, all applicants, participants, beneficiaries, and other interested persons are advised that further information may be obtained from the Office on the Americans with Disabilities Act, Civil Rights Division, U.S. Department of Justice, Washington, DC 20530;

202-514-3847 (voice)

1-855-856-1247 (toll-free)

Telephone Device for the Deaf (TTY) 202-514-0716



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**DISCRIMINATION COMPLAINT FORM**

NAME OF COMPLAINANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF THE DEPARTMENT AND/OR EMPLOYEE AGAINST WHOM THE COMPLAINT IS FILED: \_\_\_\_\_

DESCRIPTION of the action or treatment which you think was discriminatory. Includes information about who, what, when, where, how, why and the names, addresses and phone numbers of any witnesses, if you know them. You may write this on another sheet of paper if you need more room.

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DESCRIPTION OF THE RELIEF OR SATISFACTION YOU WANT

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to: Library Director, Minerva Library, 116 Miller St., Sherman, NY 14781



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**REASONABLE ACCOMMODATION REQUEST FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

What service, program or activity does this request concern?

\_\_\_\_\_  
\_\_\_\_\_

Date (if applicable) \_\_\_\_\_

What accommodation is requested?

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\_\_\_\_\_  
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\_\_\_\_\_

For help in completing this form contact the Library Director, 116 Miller St., Sherman, NY 14781; call 716-761-6378; or email [director@minervalibrary.org](mailto:director@minervalibrary.org)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return completed form to Library Director, Patterson Library, 116 Miller St., Sherman, NY 14781.

Please return form promptly to allow adequate time for such accommodations to be made.