Accommodation Risk Snapshot

SAMPLE REPORT. Harborview Community Services is a fictional organization. The findings below are a composite built to show the shape, depth, and tone of a real snapshot. Client reports are confidential and are never published.

Prepared for: Harborview Community Services — People & Culture (all programs)
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Date: 2026-08-10 · **Engagement:** one-week Risk Snapshot
Basis: 4 interviews (HR Manager, Program Director, two supervising managers), 6 documents reviewed (accommodation policy, intake form, employee handbook §7, manager guidance memo, two blank medical inquiry forms), 4 sample cases walked end-to-end (de-identified)

> This snapshot describes how your accommodation process works in practice, where it is most likely to produce a complaint or a failed accommodation, and the five changes that would reduce that risk fastest. It is not legal advice. Where a finding touches legal exposure, it says so and recommends you confirm with counsel.

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1. The one-page read

Overall: Harborview's people want this process to work, and individual accommodations mostly do get made — eventually. The risk is structural, not behavioral: no single role owns a request from receipt to follow-up, so each request is relayed between a manager, HR, and (for equipment) IT or facilities, with every hand-off adding days and no one holding the clock. Three of the four sample cases stalled at a hand-off, not at a decision. The written policy describes a process that is materially better than the one being run; in an investigation, that gap itself becomes evidence.

Requests in the last 12 months	~23 (reconstructed from email; no central log exists — that is itself a finding)
Median time from request to decision	19 business days (sample cases; range 6–41)
Requests with a written decision on file	1 of 4 sample cases
Single accountable owner for the process	No — HR "coordinates," managers "handle," neither holds the timeline
Interactive-process steps documented	Partially — policy names the steps; no meeting summaries exist
Risk rating	**High**

The five fixes (detail in §4):

1. Name one owner and one clock — 2-day acknowledgement, 15-day decision target
2. Log every request, including verbal ones, in one place
3. Ask for functional limitations, not diagnoses
4. Put every decision in writing, every time
5. Add a 30-day check-in after implementation

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2. How the process works today

A map of what actually happens, built from interviews and the four sample cases rather than the written policy. Where the two differ, both are shown.

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[Employee]
   │  request — usually verbal, to their direct manager
   ▼                                  ← ~60% arrive verbally; none of these were logged
[Manager]
   │  "I'll check with HR" — forwarded by email when convenient
   ▼                                  ← no SLA; longest observed gap at this step: 12 days
[HR Manager]
   │  sends medical inquiry form
   ▼                                  ← form asks for diagnosis and full history (see R3)
[Employee → provider → HR]
   │  typical wait: 8–15 business days
   ▼
[Assessment conversation]             ← held in 4 of 4 cases — but no agenda, no written summary
   │
   ▼
[Decision]                            ← verbal in 3 of 4 cases
   │
   ▼
[Implementation]                      ← equipment: IT ticket with no priority flag; schedule
   │                                    changes: manager applies informally
   ▼
[Follow-up]                           ← does not exist in any observed case
```

Written policy vs. observed practice

Step	Policy says	What actually happens	Gap
Intake	Requests go to HR on the intake form	Most go to managers, verbally; form rarely used	High
Documentation	"Sufficient medical documentation"	Form requests diagnosis + treatment history	High
Interactive process	Structured meeting, documented	Meeting happens; nothing written down	Medium
Decision & notice	Written determination within 15 days	Verbal, median 19 days, no letter	High
Implementation	HR coordinates with departments	Unowned hand-offs to IT / facilities	Medium
Follow-up / renewal	Annual review of active accommodations	Never observed	Medium

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3. Where complaints start

Risk register. "Likelihood" is how often this point is hit in a typical request; "Severity" is what happens when it goes wrong (a delayed accommodation, a failed one, a complaint, a charge).

#	Risk point	Evidence	Likelihood	Severity	Rating
R1	No one owns the clock between receipt and first response	3 of 4 sample cases sat >10 days at a hand-off; each interviewee believed another role owned the timeline	High	High	**Critical**
R2	Verbal requests never logged	~60% of requests arrive verbally; none appear in any record until HR is emailed	High	Med	High
R3	Medical inquiry form asks for diagnosis and treatment history, not functional limitations	Both blank forms reviewed; broader than the ADA's "reasonable documentation" standard — confirm scope with counsel	Med	High	High
R4	Decisions delivered verbally; no written record	3 of 4 sample cases; the 1 letter on file was written after the employee asked for one	Med	High	High
R5	Implementation hand-off has no named owner	Equipment case waited 9 days in an unprioritized IT queue after approval	Med	Med	Moderate
R6	No follow-up or renewal trigger	0 of 4 cases; one accommodation quietly lapsed when a manager left	High	Low	Moderate

Pattern note. Nothing above is one person's failure, and treating it as one would make things worse. The delay is four roles each waiting on a different form, with no one holding the whole timeline. The people in the process describe it the same way the sample cases show it: everyone is responsive within their step and nobody can see the elapsed total. That is a design problem, and design problems have design fixes.

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4. The five fixes

Ordered by risk reduced per hour of effort. Each is small enough to start this month.

Fix 1 — Name one owner and one clock

- **Addresses:** R1, R5
- **Change:** Designate the HR Manager as process owner. Every request — however it arrives — gets a written acknowledgement within 2 business days and a decision target of 15. The owner holds the timeline even when IT or facilities do the work, and implementation tickets carry an "accommodation" priority flag.

- **Effort:** ~4 hours (role charter, one meeting) plus the habit.
- **Evidence it worked:** a log with dates, showing elapsed time per request.

Fix 2 — Log every request, including verbal ones

- **Addresses:** R2
- **Change:** One shared log (a spreadsheet is fine to start). A one-line manager script: "Thanks for telling me — I'm going to log this with HR today so it gets tracked properly." Managers forward same-day; the acknowledgement in Fix 1 closes the loop with the employee.
- **Effort:** ~2 hours plus a 15-minute manager briefing.

Fix 3 — Ask for limitations, not diagnoses

- **Addresses:** R3
- **Change:** Replace the medical inquiry form with one that asks the provider what the employee can and cannot do, and for how long — not what condition they have. Draft included in Appendix B; have counsel confirm before adoption.
- **Effort:** ~2 hours plus counsel review.

Fix 4 — Every decision in writing, every time

- **Addresses:** R4
- **Change:** Three short letter templates: approved / approved with an alternative (with the reasoning) / need more information (with exactly what and by when). Sent within 2 days of the decision, copied to the log.
- **Effort:** ~3 hours to adapt templates; minutes per case after.

Fix 5 — A 30-day check-in

- **Addresses:** R6
- **Change:** When an accommodation is implemented, the log entry gets a 30-day reminder. The check-in is two questions: Is it in place as agreed? Is it working? Renewal dates for time-limited accommodations go in the same field — so nothing lapses because a manager left.

- **Effort:** ~1 hour to set up; 10 minutes per check-in.

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5. What the full audit would add

The snapshot is a sample. The Accommodation Process Audit + 30-day Fix Plan (from $3,900, snapshot fee credited) extends it with:

- Interviews across every role that touches the process — managers, IT and facilities, and employees who have been through it — not just the process owners
- A full case-file review rather than a four-case sample
- A written, evidence-ready process document your organization can hand to counsel, an auditor, or an investigator
- The complete template set (intake, medical inquiry, interactive-process agenda and summary, decision letters, check-in) customized to your forms and systems
- Two working sessions: one to finalize the changes with stakeholders, one to coach the people who will run the process
- A 30-day execution plan with owners and dates

Training that fits what we found: R1 and R5 are ownership gaps, and R2 lives entirely with supervising managers — the Effective Accommodation Processes session (90 minutes, $1,200) is built for exactly this group and pairs well with rollout of Fixes 1–2.

Appendix A — Method

- Interviews: 4, conducted 2026-08-04 to 2026-08-06 (HR Manager; Program Director; two supervising managers). Semi-structured, 30–45 minutes each.
- Documents: accommodation policy (rev. 2023), intake form, employee handbook §7, manager guidance memo (2021), two blank medical inquiry forms.

- Sample cases: 4, selected to cover the main request types (equipment, schedule, remote work, leave-adjacent), de-identified by HR before review.
- Standards referenced: ADA Title I; EEOC enforcement guidance on reasonable accommodation; the JAN interactive-process model; NYS Human Rights Law noted where broader. Referenced for process design, not as legal opinion.
- Limits: one week, sample-based. Findings describe likely patterns, not every case.

Appendix B — Starter templates

Included with the delivered report: the manager acknowledgement script (Fix 2) and the revised medical inquiry form (Fix 3). The full template set ships with the audit.

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