

Appendix D

Grievance Policy, Procedure and Form



AMERICANS WITH DISABILITIES DISCRIMINATION GRIEVANCE POLICY AND PROCEDURE

Dubois County, Indiana

GRIEVANCE POLICY

The purpose of this policy is to encourage that people with disabilities are able to take part in and benefit from the variety of public programs, services, and activities offered by the County. Dubois County should continue to modify its facilities, programs, policies and /or practices as necessary to encourage that such access is provided.

GRIEVANCE PROCEDURE

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), and ADA Amendments Act of 2008, Dubois County ("County") does not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

1. Who may file a grievance?

An individual or his or her representative may file a grievance if such individual believes that:

- The County is not in compliance with the physical access requirements of the Americans with Disabilities Act as it relates to County Facilities, land or rights-of-way, or
- The individual, or a specific class of individuals, has been denied access to participate in any County program, service, or activity due to his or her disability, or
- The individual, or a specific class of individuals, has been otherwise subjected to discrimination on the basis of disability, or
- The County has otherwise violated the ADA or its amendments.

2. When should a grievance be filed?

Even if an incident is minor, an individual is encouraged to take the time to file a formal grievance so that the concern will be given its due process.

An individual is encouraged to file his or her grievance as soon as possible within 60 calendar days of the alleged discrimination.

3. What should the grievance include?

The grievance must be in writing on the County's Grievance Form. The Grievance Form is available at the County Auditor's Office in the County Court House.

4. What if assistance is needed in filling out a grievance?

If assistance is needed in completing the Grievance Form, assistance will be provided upon request. Please contact the ADA Coordinator for assistance

5. Where to file a grievance?

A Grievance Form can be hand delivered or mailed to the following address:

Brent A. Wendholt
County Highway Engineer/ Title VI/ ADA Coordinator
1066 S. State Road 162
Jasper, IN 47546
bawendholt@duboiscountyin.org

6. What shall happen after a grievance is filed?

After receiving a grievance, the ADA Coordinator will investigate the alleged discrimination within 30 calendar days. The investigation may include contacting the grievant and/or any other person(s) the ADA Coordinator believes to have relevant knowledge concerning the grievance. The ADA Coordinator may also consider any written evidence submitted.

After completing the investigation, the ADA Coordinator will review the factual information gathered and issue a written response to the grievant within 14 calendar days or completion of the investigation.

If the proposed grievance resolution will require a special appropriation of money, the ADA Coordinator will present the grievance and his findings to the County Commissioners at their next scheduled public meeting. The ADA Coordinator will also inform the grievant of the meeting date, time and location so that he or she may attend.

After the County Commissioners makes a decision regarding the grievance, the ADA Coordinator will then provide the grievant a written response within 14 calendar days of the Commissioners meeting.

7. What can grievant do if not satisfied with the initial investigation by the County?

If the grievant is not satisfied with the written response the grievant may submit an appeal with 21 calendar days of his or her receipt of the response. All appeals must be submitted in writing to the County Commissioners at the following address:

Dubois County Commissioners
c/o Dubois County Auditor
One Courthouse Square
Jasper, IN 47546

Within 30 calendar days after receipt of an appeal, the ADA Coordinator will meet with the grievant to discuss a resolution. Within 21 calendar days after that meeting, the ADA Coordinator will respond with a final resolution.

Should grievant not be satisfied with the results of the appeal, grievant may file a complaint with the appropriate agency or department of the State or Federal Government. Contact the U.S. Dept. of Justice for information about how to file a complaint with these agencies. www.ada.gov

Using this grievance procedure is not required prior to pursuing any other remedies. However, in the interest of a prompt and amicable resolution of a grievance, Dubois County encourages use of this procedure in addition to any other available alternatives.

Title VI / ADA Discrimination Grievance Form

Dubois County, Indiana

Rec'd By: _____

Date: _____

INSTRUCTIONS: Please fill out this form completely in blue or black ink or type. Submit as directed in the Title VI Complaint Procedure/ ADA Grievance Policy. Assistance filling out the form will be made available upon request.

Complainant's Name: _____

Address: _____

E-mail: _____

Home Phone No.: _____ **Cell Phone No.:** _____

If a representative is filing this grievance on behalf of another person, his/her personal information must also be included:

Representative Name: _____

Address: _____

E-mail: _____

Home Phone No.: _____ **Cell Phone No.:** _____

County Department that you believe has discriminated: _____

Date and Time of Alleged Discrimination: _____

Location or Address of Alleged Discrimination: _____

The Alleged Discrimination was based on:

Race: ___ Color: ___ National Origin: ___ Disability: ___ Sex: ___ Sexual Orientation: ___

Gender Identity: ___ Religion: ___ Low Income Status: ___ Limited English Proficiency: ___

Title VI / ADA Discrimination Grievance Form

Dubois County, Indiana

Give a brief description of how you were allegedly discriminated against. Please provide the name(s) of the individuals who allegedly discriminated you, or list the County facilities you feel are in violation of Title VI or

ADA: _____

Names and Contact information of witnesses: _____

What type of corrective action would you like to see taken? _____

Has the grievance been filed with another agency of the Local, State or Federal Government? _____

If "yes", please indicate which agency: _____

_____	_____
Grievant or Representative Signature	Date

Form Prepared By: _____

Witnessed By: _____