

Appendix A: Grievance Policy & Procedure, Grievance Form

Warrick County, Indiana

GRIEVANCE POLICY

The purpose of this policy is to encourage people with disabilities to be able to take part in, and benefit from, the variety of public programs, services, and activities offered by the County. Warrick 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 (the ADA), and ADA Amendments Act of 2008, Warrick County ("County") does not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Who may file a grievance?

An individual, or his or her representative, may file a grievance if he or she has been subjected to discrimination under the terms of the ADA. Typical types of discrimination may include any of the following:

- 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 his or her disability, or
- The County has otherwise violated the ADA or its amendments.

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.

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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.

What if I need assistance to submit a grievance?

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

Where do I file my grievance?

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

Warrick County Auditor's Office
Attn: ADA Coordinator
Warrick County Courthouse
107 W. Locust St.
Boonville, IN 47601

What happens 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 resolution will require a special appropriation of money, the ADA Coordinator will present the grievance and his or her findings to the County Commissioners at their next scheduled public meeting. *The ADA Coordinator shall inform the Grievant of the meeting date, time and location so that he or she may attend.*

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

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What can I do if I'm not satisfied with the response?

If 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:

Warrick County Board of Commissioners
Warrick County Courthouse
107 W. Locust Street, Suite 301
Boonville, IN 47601

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 in writing with a final resolution.

If the Grievant is not satisfied with the results of the appeal, he or she may file a complaint with the appropriate agency or department of the State or Federal Government.

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

Rec'd By: _____

Date: _____

ADA DISCRIMINATION GRIEVANCE FORM
Warrick County, Indiana

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

Grievant Name: _____

Address: _____ email: _____

Home Telephone: _____ Cell: _____

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

Representative Name: _____

Address: _____ email: _____

Home Telephone: _____ Cell: _____

County Dept. that you believe has discriminated: _____

Date and Time of the alleged discrimination: _____

Location or Address of alleged discrimination: _____

Describe your grievance and the nature of your disability. Please provide the name(s) of the individuals who allegedly discriminated against you, or list the County facilities you feel are in violation of the ADA:

Names and contact information of witnesses: _____

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

Has a 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: _____