

## **Vanderburgh County, Indiana Grievance Procedure under the Americans with Disabilities Act**

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by Vanderburgh County. The County Employee Handbook set forth in chapter 2.90 of the Vanderburgh County Code governs employment-related complaints of disability discrimination.

Any person who has a complaint regarding the County's alleged non-compliance with the ADA may file a complaint. The complaint should be submitted by the grievant and/or his/her designee as soon as possible, but no later than 60 calendar days after the alleged incident. The complaint should be in writing and it should contain information about the alleged incident including the name, address, phone number of complainant and location, date, a description of the problem, and your suggestions for resolving the problem.

All grievance complaints must be submitted on the attached form, and sent to the following address:

President  
Board of Commissioners of Vanderburgh County  
305 Civic Center Complex  
1 N.W. Martin Luther King Jr. Blvd.  
Evansville, IN 47708

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

Upon receipt of a complaint, the President of the Vanderburgh County Commissioners shall forward the complaint to the Vanderburgh County ADA Coordinator. Within 30 calendar days after receipt of the complaint, the ADA Coordinator or his/her designee shall meet with the complainant to discuss the complaint and possible resolutions to the same. Within 30 calendar days of the meeting, the ADA Coordinator or his/her designee shall respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of Vanderburgh County and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 30 calendar days after receipt of the response to the Board of Commissioners of Vanderburgh County.

Within 30 calendar days after receipt of the appeal one member of the Board of Commissioners of Vanderburgh County shall meet with the complainant to discuss the complaint and possible

resolutions. Within 30 calendar days after such meeting, the Board of Commissioners of Vanderburgh County will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received, all appeals to the Board of Commissioners of Vanderburgh County, and all responses to the complaints and appeals will be retained by Vanderburgh County for at least three years.

The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not a prerequisite to the Complainant's pursuit of other available remedies available by law.

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## Vanderburgh County ADA Complaint Form

*Instructions: Please fill out this form completely. Please note that this form shall be filed for complaints regarding facilities, services, and/or programs owned and/or operated by Vanderburgh County. Sign and return this original form with your signature to the following address:*

President, Board of Commissioners of Vanderburgh County  
305 Civic Center Complex  
1 NW M.L. King Jr. Blvd  
Evansville, IN 47708

|                                                                                                                                                                                                               |       |       |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|---------|
| Your Name (Complainant):                                                                                                                                                                                      |       |       |         |
| Address:                                                                                                                                                                                                      |       |       |         |
| Contact Numbers:                                                                                                                                                                                              | Home: | Work: | Mobile: |
| Email Address:                                                                                                                                                                                                |       |       |         |
| Provide reason for grievance/complaint. This should contain information about the alleged ADA violation such as location, date, and description of the problem. Use a separate sheet if more space is needed. |       |       |         |
| State if you require an alternative form for follow up communications:                                                                                                                                        |       |       |         |
| Your Signature:                                                                                                                                                                                               |       |       | Date:   |

If you have questions about this form, require an accommodation, or if you need a different format, please contact the Vanderburgh County Commissioners' office at 812-435-5241, or send an email to [commissioners@vanderburghgov.org](mailto:commissioners@vanderburghgov.org).

***Please allow up to 30 days for a response to your complaint.***