

## **GRIEVANCE PROCEDURE**

The Grievance Procedure established below is intended to adhere to the standards outlined in the ADA. The procedure must be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provisions of services, activities, programs, or benefits provided by Warren County.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complaint and location, date, and description of the problem. Grievance Forms must be used to lodge a complaint (please make reference to Appendix A). Alternative means of filing complaints, such as personal interviews or recording of the complaint will be made available for persons with disabilities upon request. The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than one hundred eighty (180) calendar days after the alleged violation to:

**John Kuiper, ADA Coordinator**  
**125 N Monroe St, Williamsport, IN 47993**  
**Phone: 765-762-7232**

Within 15 calendar days after receipt of the complaint, the ADA coordinator or designee will meet the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA coordinator or designee will 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 Warren County and offer options for substantive resolution of the complaint.

If the response by the ADA coordinator or designee does not satisfactorily resolve the issue, the complainant or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the ADA coordinator or designee. Within 15 calendar days after receipt of the appeal, the ADA coordinator or designee will meet again with the complainant to discuss the appeal and possible resolutions. Within 15 calendar days after the meeting, the ADA coordinator or designee will respond in writing, and, where appropriate, in a format described above that is accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA coordinator or designee, appeals to the ADA coordinator or designee, and responses from the ADA office will be retained by Warren county for at least three years.

## COMPLAINT/GRIEVANCE FORM

Grievant Information:

Grievant Name:
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Address:
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Phone:	E-mail:
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Person preparing complaint – Relationship to Grievant (if different from Grievant):

Name:
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Address:
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Phone:	E-mail:
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Please specify any location(s) related to the complaint or grievance (if applicable):

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Please provide a complete description of the specific complaint or grievance:

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Please state what you think should be done to resolve the complaint or grievance:

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Please attach additional pages as needed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to:  
John Kuiper, ADA Coordinator  
125 N Monroe St  
Williamsport, IN 47993  
Phone: 765-762-7232  
Or via fax: 765-762-7248

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats.