

Ripley County Indiana ADA COORDINATOR

RIPLEY COUNTY GOVERNMENT 102 WEST FIRST NORTH STREET (PO BOX 235) VERSAILLES, IN 47042



ADA GRIEVENCE PROCEDURES PLUS REQUEST FOR ACCOMODATIONS

HOW TO FILE AND ADA GRIEVENCE

The procedure to file a grievance is as follows:

A formal written grievance should be filed on the ADA Grievance Form. An oral grievance can be filed by contacting the ADA Coordinator. The oral grievance will be reduced to writing by the ADA Coordinator utilizing the ADA Grievance Form. Additionally, individuals filing a grievance are not required to file a grievance with Ripley County, but may instead exercise their right to file a grievance with the Department of Justice. The grievance must include:

- The name, address, and telephone number of the person filing the grievance.
- The name, address, and telephone number of the person alleging the ADA violation, if other than the person filing the grievance.
- A description and location of the alleged violation and the remedy sought.
- Information regarding whether a complaint has been filed with the Department of Justice or other federal or state civil rights agency or court.
- If a complaint has been filed, the name of the agency or court where the complaint was filed, and the date the complaint was filed.
- 1. The grievance will be either responded to or acknowledged within 10 working days of receipt. If the grievance filed does not concern a Ripley County facility, it will be forwarded to the appropriate agency and the grievant will be notified.
- 2. Within 60 calendar days of receipt, the ADA Coordinator will conduct the investigation necessary to determine the validity of the alleged violation. If appropriate, the ADA Coordinator will arrange to meet with the grievant to discuss the matter and attempt to reach a resolution of the grievance. Any resolution of the grievance will be documented in Ripley County's ADA Grievance File. The ADA Coordinator may, at his/her discretion, requests an appropriate member of the ADAAC to be present at the meeting with the grievant.
- 3. If a resolution of the grievance is not reached, a written determination as to the validity of the complaint and description of the resolution, if appropriate, shall be issued by the ADA Coordinator and a copy forwarded to the grievant no later than 90 days from the date of Ripley County's receipt of the grievance.
- 4. The grievant may appeal the written determination. The request for reconsideration shall be in writing and filed with the Indiana Department of Transportation Ombudsman within 30 days after the ADA Coordinator's determination has been mailed to the grievant. Ripley County's Ombudsman shall review the request for reconsideration and make a final determination within 90 days from the filing of the request for reconsideration.

- 5. If the grievant is dissatisfied with Ripley County's handling of the grievance at any stage of the process or does not wish to file a grievance through the Ripley County's ADA Grievance Procedure, the grievant may file a complaint directly with the United States Department of Justice or other appropriate state or federal agency.
- 6. The resolution of any specific grievance will require consideration of varying circumstances, such as the specific nature of the disability; the nature of the access to services, programs, or facilities at issue and the essential eligibility requirements for participation; the health and safety of others; and the degree to which an accommodation would constitute a fundamental alteration to the program, service, or facility, or cause an undue hardship to Ripley County. Accordingly, the resolution by Ripley County of any one grievance does not constitute a precedent upon which Ripley County is bound or upon which other complaining parties may rely.

File Maintenance

Ripley County's ADA Coordinator shall maintain ADA grievance files for a period of three years.

ADA Coordinator Contact Information:

J. Patrick Rose

Ripley County Government / Commissioners Office 102 West First North Street (PO Box 235) Versailles, IN 47042

(812) 689-0505 / phone

adacoordinator@ripleycounty.com/ email

ADA Complaint / Grievance Form Ripley County, Indiana

| Complainant: | mplainant: Date: | | | |
|---------------------------------|---------------------------------|-------------------------|---------------|--|
| Person Preparing Form (if di | fferent from Complainant): | | | |
| | . , | | | |
| Street Address & Apt. No.: | | | | |
| <u> </u> | | | | |
| City: | State: E-mail: | Zip: | | |
| Phone: () | E-mail: | | | |
| | | | | |
| Place provide a complete | description and location(s) of | the specific complaint | or ariovanao: | |
| Please provide a complete | description and location(s) of | me specific complaint (| or grievance: | |
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| Please state what you thin | k should be done to resolve the | e complaint or grievanc | e: | |
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| Your concerns are importa | nt to us. Someone will contact | you shortly. | | |
| If you prefer not to be contact | ted please check here: | | | |
| | ited, piedde effect fiere. | Date: | | |
| g | | = 4.0. | | |

Return to: J. Patrick Rose Ripley County ADA Coordinator 102 West First North Street, (PO Box 235) Versailles, IN 47042

Phone: (812) 689-0505

Email: adacoordinator@ripleycounty.com

Disability Accommodation Request Form Ripley County Government

Ripley County Government is committed to assisting disabled individuals with access to the services, information, and resources they need as Citizens of our community.

If you or someone you know is in need of special assistance or accommodation, please complete this form and return it to the address below. Our ADA Coordinator will contact you promptly to work out a reasonable accommodation. Thank you.

| Person Needing Accommodation: | | | |
|--|--------------------|--|--|
| Date of Request: | Form completed by: | | |
| Follow up Contact Information: Street Address & Apt. No.: | | | |
| City: | State: | Zip: | |
| Phone: () | E-mail: | Zip: | |
| Please provide a complete deso date & time the assistance is no | | lation you are requesting, including the | |
| | | | |
| | | | |
| | | | |
| | | | |
| Signature: | | Date: | |

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Created: 1/7/17 / Revised 7/7/2018