

## **Carroll County Grievance Procedure Under the Americans with Disabilities Act (ADA)**

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 Carroll County. Employment related claims of disability discrimination are governed by the County's Personnel Policies Handbook.

The complaint should be in writing and on the County's ADA Complaint Form with the filing being **no later than 60 calendar days after the date of the alleged violation**. 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. The complaint should be submitted to:

ADA Compliance Coordinator, Carroll County Auditor  
Carroll County Court House, 101 W. Main Street  
Delphi, IN 46923

Within 15 days after receipt of the complaint, the County's ADA Compliance Coordinator, or Designee, will meet with the complainant to discuss the complaint and to explore possible resolutions. Within 15 calendar days of that meeting, the County's ADA Compliance Coordinator, or Designee, will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print or audio tape.

If the ADA Compliance Coordinator's, or Designee's, response does not satisfactorily resolve the issue, the complainant may appeal that decision to the Board of Commissioners. The appeal request must be made in writing and filed with the County Auditor within 15 days after receipt of the response from the ADA Compliance Coordinator, or Designee.

The President of the Board of County Commissioners, or Designee, shall meet with the complainant within 15 days after receipt of the appeal to discuss the complaint and possible resolutions.

Within 15 days after that meeting, the President of the Board of County Commissioners, or Designee, will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints, appeals, and County responses will be retained by the County Auditor for a period of three years.

## Carroll County Complaint Form Americans with Disabilities Act (ADA)

**Section 1:**

Please fill in completely and legibly. If the information is incomplete or it cannot be read, the complaint will not be investigated.

Last Name	Middle Initial	First Name
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Street Address	City	State	Zip Code
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Telephone Number (including area code)	Best time to call this number
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Alternate Telephone Number (including area code)	Best time to call this number
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Email Address

**Section 2:**

Please provide a complete description of the specific issue(s) you believe are inconsistent with Title II of the Americans with Disabilities Act (use additional pages as necessary and provide documentation supporting the allegation).

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**Section 3:**

Please provide the specific location(s) of the ADA issues prompting this complaint.

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**Section 4:**

Please provide the date when the ADA non-compliance occurred/was noted.

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**Section 5:**

Please state as specifically as possible what you think should be done to resolve the complaint.

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Please sign and date this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail completed complaint form to:

Carroll County Auditor  
Attn: ADA Compliance Coordinator  
Carroll County Courthouse  
101 W. Main Street  
Delphi, IN 46923

For Office Use Only:

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Date Investigated

Results (with supporting documentation or photographs):

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\_\_\_\_\_  
Date Complainant contacted

Method of Contact

- Phone
- Letter
- Email

Complaint Resolved?

- Yes
- No