

## **Grievance Procedures**

### **Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973**

It is the policy of the Charlotte County Government that:

- No qualified individual with a disability shall be reasonably excluded, by reason of such disability, from the participation in or be denied the benefits of the services, programs, or activities of Charlotte County or be subjected to discrimination.
- Charlotte County shall not discriminate against a qualified individual with a disability, because of the disability of such individual in regard to job application procedures, the hiring, advancement or discharge of employees, employee compensation, job training, or any other term, condition and privilege of employment.
- Charlotte County shall operate each of its services, programs and activities so that a service, program or activity, when viewed in its entirety, is reasonably accessible to and usable by individuals with disabilities.
- Charlotte County shall ensure that services, programs and activities conducted through state grants or contracts are reasonably accessible to and useable by individuals' disabilities.

#### **Introduction:**

This document will describe the Charlotte County Government ADA complaint procedure. The procedure is designed to informally resolve a conflict with the County if you believe we are not in compliance with Title II of the Americans with Disabilities Act of 1990 (ADA). Title II of the ADA requires that local government programs, services, and benefits be accessible to individuals with disabilities.

Employment Discrimination complaints subject to Title I of the ADA will be referred to Charlotte County's Human Resources department.

#### **Complaints:**

**Who may file:** Anyone who believes that he/she, or a specific class of individuals, has been subjected to discrimination based on a disability by a County agency may file a complaint. An authorized representative may file on your behalf.

**Where and Who to file With:** A complaint is filed by contacting the ADA Coordinator for Charlotte County. Contact Raymond Carter, 18500 Murdock Circle, Suite 201, Port Charlotte, FL 33948, at 941.764.4191 Voice or 941.743.1234 – TTY.

**Qualified County Employee and Applicant Complaints:** All employment discrimination complaints will be referred to the Human Resources Department, if an ADA issue cannot be resolved between a qualified County employee or applicant and a County agency.

**Time for Filing:** A complaint may be filed at any time within 90 days from the date of the discriminatory practice or action. There must be compelling reasons (good cause) for extending the 90 day time limit for filing a complaint as determined by the County's Risk Manager and County Attorney's office.

**Contents of the Complaint:** The complaint must be in writing and be signed by either you or your representative. The complaint must contain the following information:

- Your name, address, and a phone number or TTY number where you can be reached;
- The County Agency where you feel the discrimination occurred; and,
- A detailed description of the discriminatory practice or action which occurred.

**Requesting Assistance to Write a Complaint:** If you need assistance to write the complaint and are unable to locate someone to assist you, a team member in Risk Management will, upon request, help you in locating an advocate or representative who is not associated with the County to assist you.

**Filing a Complaint with the Human Rights Commission or the Federal Government:** You are under no obligation to use the County complaint procedure before filing a formal complaint with the Department of Justice, or the Equal Opportunity Commission. The County procedure is an informal process. It is designed solely for the purpose of promptly and fairly resolving an ADA complaint with a County agency. The County's ADA Coordinator will provide you with instructions on how to file a formal complaint, if you wish to do so. (Instructions for filing a formal Title II complaint are provided at the end of this document.) You have 180 days to file a complaint with the US Department of Justice or EEOC.

**Retaliation:** County agencies are prohibited from obstructing, intimidating, coercing, or retaliating against individuals with disabilities or their representatives who file an ADA complaint against a County agency.

### **Complaint Procedure:**

**Step 1:** Address a complete complaint (see definitions) in writing to the County's ADA Coordinator for the County where the discrimination occurred.

**Step 2:** Within 10 working days of having received the complete complaint the ADA Coordinator will meet with you personally or by telephone or TTY. The purpose of the meeting will be to resolve the complaint.

If you need an auxiliary aid or service at the meeting (i.e.: an interpreter, reader, larger print, Brailled Materials or cassette tape), you must let the ADA Coordinator know in advance so he or she may effectively communicate with you.

**Step 3:**

- If a satisfactory resolution is reached at the meeting, a written agreement will be jointly developed and signed by you, the ADA Coordinator and the Department where the complaint was filed. The formal agreement will be issued to you within 10 days of the meeting and will be in accessible format, if necessary. The written agreement will include:
  - a description of the complaint
  - a finding of the facts
  - a description of how the complaint will be resolved
  - when the complaint will be resolved and
  - assurance that the agency will comply with the specific terms of the agreement.
- If the agency is unable to resolve the complaint, you will be notified in writing and in accessible format, if necessary, within 10 days of the meeting of the reason(s) why the agency was unable to resolve the complaint. The notification will include:
  - a description of the complaint
  - a summary of the resolution proposed and ,
  - a statement concerning the issues which could not be resolved.

#### Step 4:

You may request a review of the complaint by the County Attorney's office if a satisfactory resolution is not reached through the County ADA Coordinator. You must request this review within 10 days of the time you received notification that the complaint was unable to be resolved. Your request must be in writing and must include:

- your name, address, and telephone number or TTY number, if applicable;
- a detailed statement of the reason (s) for your request of a review of the complaint;
- the name of the department which was unable to resolve the complaint; and
- your signature or that of your representative.

#### Step 5:

The County Attorney's office will issue a written response to your request for review of the complaint within 30 days. The written response will be sent to you and the Department as well as the County ADA Coordinator.

If the County Attorney's office finds that the complaint can be resolved, the ADA Coordinator will work with the Department Director to resolve the complaint.

If the County Attorney's office finds that the agency in question is in compliance with the ADA or has not engaged in discriminatory activities against you, the ADA Coordinator will advise you of the steps necessary to file a formal complaint with the Federal government.

#### **Definitions:**

**Complete Complaint:** A signed written statement by you or your representative that contains your name, address, and telephone number, or TTY number, and describes the discrimination you believe to have occurred in enough detail to inform the agency of the nature and date of the occurrence. Complaints filed on behalf of classes or third parties must describe or identify (by name, if possible) the individuals who are alleged to have been subjected to discrimination.

**Accessible Format:** (auxiliary aid or service) the provision of auxiliary aids and services to ensure effective communication. Auxiliary aids and services include a wide range of services that promote effective communication and provide an easily understood means of presenting written and spoken information.

Examples of auxiliary aids and services for individuals who are deaf or hard of hearing are qualified interpreters, note takers, computer aided transcription services, written materials, telephone handset amplifiers, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunication devices for deaf persons, (TTYs) and video text displays. Providing written materials in Braille, large print or on cassette tapes are examples of accessible formats for individuals who are blind or visually impaired.

**Agency:** An administrative department, division, or representative office of the County of Charlotte.

**County ADA Coordinator (Located in Risk Management):** an official from within the county appointed by the Board of County Commissioners to:

- Coordinate and direct the activities of County agencies comply with the title I and title II of the ADA.
- Serve as the County's primary contact and liaison with the public and agencies on compliance issues regarding the ADA.
- Ensure compliance with the order
- Communicate to the public and interested individuals' information regarding the ADA Compliance program.
- Serve as the primary point of service for, and overall coordination, of the County's response to all ADA complaints filed against County agencies, where the allegations are County discriminated in its services, policies or practices, or failed to comply with Americans with Disabilities Act.

Physical or mental impairment:

- any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs) cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine or
- any mental or psychological disorder, such as mental retardation, organic brain syndrome traumatic brain injury, emotional or mental illness, and specific learning disabilities. The phrase "major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

A qualified individual with a disability with respect to employment: Individual with a disability who satisfies the requisite skill experience education and other job-related requirements of the employment position such individual holds or desires and who with or without reasonable accommodation can perform the essentials functions of such position.

A qualified individual with a disability under title II of ADA:

Individual who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers or the provision of auxiliary aids and services meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a County agency.

Teletype Telephone (TTY) (also referred to as a text phone): a telephone with a typewriter keyboard attached which enables individuals who are deaf or experience speech disorders to effectively communicate via the telephone. The TTY transmits typed messages. The typed messages appear either on a display screen or on a ticker tape.

## **HOW TO FILE A TITLE II COMPLAINT WITH THE DEPARTMENT OF JUSTICE**

Title II prohibits discrimination based on disability in all programs, activities, and services of state and local governments.

If you feel you or another person has been discriminated against by any agency, organization or institution covered by Title II, you have the right to file a formal complaint by sending a letter to the Department of Justice. It must include the following information:

- Your full name, address, and telephone number, and the name of the party discriminated against;
- The name of the agency, organization, or institution that you believe has discriminated;
- A description of the act or acts of discrimination, the date or dates of the discriminatory acts and the name or names of the individuals who you believe discriminated: and
- Other information that you believe necessary to support the complaint.

Do not send original documents. (Retain them.)

**Sign and send the letter to the address below:**

**U.S. D.O.J., Civil Rights Division  
Coord./Review Sec./ P.O. Box 66118  
Washington, D.C. 20035-6118**

**202-514-0301 ( Voice)  
202-514-0383 ( TTY)**

**Title II of the Americans with Disabilities Act Section 504 of the  
Rehabilitation Act of 1973  
Grievance Form**

Complainant:

Address:

Home Phone:

Business/Cell Phone:

*This section to be completed only if aggrieved person is not the individual completing this form.*

Person Discriminated Against:  
(if other than the Complainant)

Address:

Home Phone:

Business/Cell Phone:

Program/Facility Alleged to be Inaccessible:

When did the situation occur:

Describe the situation or way in which the program is not accessible, providing the name(s), where possible, of the individuals or department involved in the situation.

Have efforts been made to resolve this complaint through the Request of Accommodation with the ADA Coordinator?      YES              NO

If yes, what were the results?

Signature:

Date:

Send To:

Charlotte County Board of County Commissioners  
ADA Coordinator  
18500 Murdock Circle  
Suite 131  
Port Charlotte, Florida 33948