Appendix F – Grievance Procedure

Under the ADA, each agency is required to publish its responsibilities regarding the ADA. A draft of this public notice is provided in Appendix E. If users of public ROW believe the County has not provided reasonable accommodation, they have the right to file a grievance.

In accordance with 28 CFR 35.107 (b), the County has developed the following grievance procedure for the prompt and equitable resolution of citizen complaints, concerns, comments, and other grievances.

The County understands that members of the public may desire to contact staff and discuss ADA issues prior to or without filing a formal grievance. Members of the public wishing to contact the staff to discuss concerns regarding County facilities should contact the ADA Coordinator, listed in Appendix A. Contacting the ADA Coordinator to informally discuss ADA issues is strongly encouraged and does not limit the ability or right to file a formal grievance later.

If the complainant and/or third-party representative should file a formal grievance, the Grievance Form found in this Appendix should be filed as soon as possible, but no later than 60 calendar days after the alleged discrimination. Upon receipt of a completed Grievance Form, the ADA Coordinator will review the information in a timely manner and contact the complainant in order to attempt to find a resolution to the complaint. If the complainant is not satisfied with the resolution proposed by the ADA Coordinator, then within 10 days, the complainant may make a written appeal to the County Administrator, who shall have final decision-making authority regarding the complaint. Grievances must be resolved within a reasonable timeframe.

As per ADA requirements, the County has posted a notice outlining its responsibilities. This notice can be found in this Appendix.

The County appreciates and welcomes your comments. To provide feedback, please complete the grievance form located in the following pages, or contact the ADA Coordinator listed in Appendix A.

Those wishing to file a formal written grievance with the County may do so by one of the following methods:

Internet

Visit the County's website, www.co.steele.mn.us under the Highway Department and click the "ADA" link to the **ADA Grievance Form**. Download the form and fill it out. Then mail or email it to the ADA Coordinator as shown in Appendix A. A copy of The Grievance Form is included in this Appendix.

Telephone

Contact the ADA Coordinator listed in the Contact Information section of Appendix A to submit an oral grievance. The ADA Coordinator will utilize the Internet method above to submit the grievance on behalf of the person filing the grievance.

Paper Submittal

Contact the ADA Coordinator listed in the Contact Information section of Appendix A to request a paper copy of the County's grievance form, complete the form, and return it to the ADA Coordinator. The ADA Coordinator or County staff person will then utilize the Internet method above to submit the grievance on behalf of the person filing the grievance.

Public Notice

In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA) of 1990, Steele County will not discriminate against qualified individuals with disabilities on the basis of disability in County services, programs, or activities.

Employment: The County does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the Americans with Disabilities Act (ADA).

Effective Communication: The County will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the County's programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: The County will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all County programs, services, and activities. For example, individuals with service animals are welcome in County offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a County program, service, or activity, should contact the ADA Coordinator as soon as possible, but no later than 48 hours before the scheduled event.

The ADA does not require the County to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

The County will not place a surcharge on an individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

ADA Grievance Form

Please fill out this form completely, in black ink or type. If you need any accommodation or assistance in completing this form, please contact the ADA Coordinator, Paul Sponholz at 507-444-7670. Sign and return to: Steele County Highway Department, PO Box 890, 3000 Hoffman Dr NW, Owatonna, MN 55060 - 0890.

Section I –Discrimination Description

Date of Alleged Discrimination (Month, Day, Year): _____

Have efforts been made to resolve this complaint? Yes ☐ No ☐

If yes, what is the status of the grievance? _____

Has the complaint been filed with the Department of Justice or any other Federal, State or local civil rights agency or court? Yes ☐ No ☐

If Yes:

Agency or Court: _____

Contact Name: _____ Contact Title: _____

Agency Name: _____ Phone: _____

Description of Grievance/Discrimination: _____

_____

_____

Section II – Complainant Information

Complainant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Preferred method of communication: Mail ☐ Email ☐ Phone ☐

Section III – Completed by

Are you filling this complaint out on your own behalf? Yes ☐ No ☐

If Yes, complete **Section III**

If No, please supply the name and relationship of the person for whom you are complaining:

First and last name of person for whom you are filling: _____

Relationship of the person for whom you are filling: _____

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party, if you are filing on behalf of a third party. Yes ☐ No ☐

Section IV – Previous

Have you previously filled an ADA complaint with this agency? Yes ☐ No ☐

Section VI – Remedy Sought

State the specific remedy sought to resolve the issues (s): _____

_____

_____

_____

You may attach any written or other information that you this is relevant to your complaint.

Signature: _____ Date: _____

I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.