How to file an ADA Grievance and Grievance Form

Dearborn County Government

The procedure to file a grievance is as follows:

1. 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 Dearborn 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.

2. The grievance will be either responded to or acknowledged within 10 working days of receipt. If the grievance filed does not concern a Dearborn County facility, it will be forwarded to the appropriate agency and the grievant will be notified.

3. 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 Dearborn County's ADA Grievance File. The ADA Coordinator may, at his/her discretion, request an appropriate member of the ADAAC to be present at the meeting with the grievant.

4. 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 Dearborn County's receipt of the grievance.

5. 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. Dearborn 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.

6. If the grievant is dissatisfied with Dearborn County's handling of the grievance at any stage of the process or does not wish to file a grievance through the Dearborn 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.

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 Dearborn County. Accordingly, the resolution by Dearborn County of any one grievance does not constitute a precedent upon which Dearborn County is bound or upon which other complaining parties may rely.

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

ADA Coordinator Contact Information:

Sue Ann Hayden
Dearborn County Government / Commissioners Office
165 Mary Street
Lawrenceburg, IN 47025
(812) 537- 8894/ phone
(812) 532-2003 / fax
shayden@dearborncounty.in.gov

ADA Complaint / Grievance Form
Dearborn County, Indiana

Complainant: _____ Date: _____

Person Preparing Form (if different from Complainant): _____

Relationship to Complainant: _____

Street Address & Apt. No.:
_____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

Please provide a complete description and location(s) of the specific complaint or grievance:
_____
_____
_____
_____
_____
_____
_____
_____

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

Your concerns are important to us. Someone will contact you shortly.
If you prefer not to be contacted, please check here: †

Signature: _____ **Date:** _____

Return to: Sue Hayden
Dearborn County ADA Coordinator
165 Mary Street
Lawrenceburg, IN 47025 Phone: (812) 537-8894 Fax: (812) 532-2003
Email: shayden@dearborncounty.in.gov

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