AMENDED ORDINANCE 2012-6

AN ORDINANCE ADOPTING A GRIEVANCE PROCEDURE UNDER SECTION 504 OF THE AMERICANS WITH DISABILITIES ACT

WHEREAS, the Americans with Disabilities Act requires state and local governments to adopt a grievance procedure for the filing of complaints; and

WHEREAS, Rush County, Indiana, has formulated a grievance procedure and a grievance form.

NOW, THEREFORE, BE IT ORDAINED by the Board of Commissioners of Rush County, Indiana:

1. In compliance with Section 504 of the Americans with Disabilities Act, the procedure attached hereto as Attachment A is hereby adopted as the Grievance Procedure and Nondiscrimination Policy.

2. In compliance with Section 504 of the Americans with Disabilities Act, the form attached hereto as Attachment B is hereby adopted as the Grievance Form to be used by those filing a complaint under the Americans with Disabilities Act.


Adopted this 11th day of July, 2016.

Bruce W. Levi
Mark Bacon
Paul Wilkinson

ATTEST:
Mary Ann Beard,
Rush County Auditor
Non-Discrimination Policy

NOTICE OF NONDISCRIMINATION

It is the policy of RUSH COUNTY not to exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, religion, sex, sexual orientation, gender identity/expression, protected veteran's status, genetic information, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by RUSH COUNTY directly or through a contractor or any other entity with which RUSH COUNTY arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, and 28 CFR Part 35.

RUSH COUNTY BOARD OF COMMISSIONERS has adopted an internal grievance procedure providing for the prompt and equitable resolution of grievances alleging any action prohibited by Title VI, Section 504, Title II of the ADA, the Age Act, or the Federal regulations implementing these laws. The following individual has been designated as RUSH County's ADA/Section 504 Coordinator and grievances or questions should be directed to:

Jerry Sitton
Section 504 Coordinator
Rush County Highway Department
1352 E. State Road 44
Rushville, IN 46173
Phone: (765) 932-2926
E-mail: highway@rushcounty.in.gov

Filing a grievance with RUSH COUNTY’s Section 504/ADA Coordinator (or his designee) does not prevent the applicant, patient, or his/her companion from filing a complaint with the:

Office for Civil Rights, Region V
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone (312)886-2359
GRIEVANCE PROCEDURE UNDER SECTION 504 OF THE REHABILITATION ACT AND TITLE II OF THE AMERICANS WITH DISABILITIES ACT OF 1990

In accordance with the requirements of Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act of 1990, as amended (ADA), RUSH COUNTY does not discriminate on the basis of disability in admission to, participation in, or receipt of services and benefits under any RUSH COUNTY program or activity. RUSH COUNTY does not retaliate or discriminate against, or coerce, intimidate or threaten any individual who (1) opposes any act or practice made unlawful by Section 504 or the ADA; or (2) files a grievance and/or complaint, testifies, assists, or participates in any investigation, proceeding, or hearing under Section 504 or the ADA.

RUSH COUNTY has adopted an internal grievance procedure providing for the prompt and equitable resolution of grievances alleging any action prohibited by Section 504, the ADA, or the Federal regulations implementing these laws. The applicable Federal laws and regulations may be examined by contacting the following individual who is RUSH COUNTY’s ADA/Section 504 Coordinator and who has been designated to coordinate the efforts of Rush County to comply with Section 504 and the ADA:

Jerry Sitton
Section 504 Coordinator
Rush County Highway Department
1352 E. State Road 44
Rushville, IN 46173
Phone: (765) 932-2926
E-mail: highway@rushcounty.in.gov

Any person who believes she or he has been subjected to discrimination on the basis of disability or who believes she or he has been subjected to retaliation under Section 504 or the ADA may file a grievance under this procedure. It is against the law for RUSH COUNTY to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

PROCEDURE:

- Grievances must be submitted to RUSH COUNTY’s ADA/Section 504 Coordinator (or his designee) as soon as possible but no later than sixty (60) calendar days after the date the person filing the grievance becomes aware of the alleged discriminatory action.

- A grievance must be in writing, containing the name and address of the person filing it. The grievance must state the problem or action alleged to be discriminatory and the remedy or relief sought.

- RUSH COUNTY’s ADA/Section 504 Coordinator (or his designee) will conduct an investigation of the grievance. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the grievance. RUSH COUNTY’s ADA/Section 504 Coordinator will maintain the files and records of RUSH COUNTY relating to such grievances.

- RUSH COUNTY’s ADA/Section 504 Coordinator will issue a written decision to the individual on the grievance no later than thirty (30) calendar days after its filing.
The person filing the grievance may appeal the decision of RUSH COUNTY’s ADA/Section 504 Coordinator by writing to the RUSH COUNTY BOARD OF COMMISSIONERS, within fifteen (15) calendar days of receiving RUSH COUNTY’s ADA/Section 504 Coordinator’s decision.

The RUSH COUNTY BOARD OF COMMISSIONERS, or its designee, will issue a written decision on the appeal no later than thirty (30) calendar days after its filing.

Filing a grievance with RUSH COUNTY’s ADA/Section 504 Coordinator (or his designee) does not prevent the person filing the grievance from filing a complaint with the:

Office for Civil Rights, Region V
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone (312) 886-2359
Fax (312) 886-1807
TDD (312) 353-5693

RUSH COUNTY Personnel, including all departments, will assist interested persons in filing grievances and will forward completed grievances to RUSH COUNTY’s ADA/Section 504 Coordinator for investigation or other appropriate action.

RUSH COUNTY’s ADA/Section 504 Coordinator (and/or his designee) will make appropriate arrangements to ensure that individuals with disabilities are provided reasonable modifications and appropriate auxiliary aids and services where necessary to participate in this grievance process. Such arrangements may include making the grievance procedure available in alternate formats such as Braille, large print, audiotape, providing interpreters for the deaf or hard-of-hearing, or assuring a barrier-free location for proceedings.

RUSH COUNTY Employees requesting workplace accommodations for a disability must file a request for accommodation with the RUSH COUNTY’s ADA/Section 504 Coordinator, pursuant to RUSH COUNTY Personnel Policy 4.6, Americans with Disabilities.

RUSH COUNTY Employees who believe they have been subjected to discriminatory treatment in their employment on the basis of disability or to retaliation as the result of requesting a disability accommodation, objecting to a discriminatory practice, or for participating in an ADA/Section 504 grievance process, may file an internal discrimination complaint with the RUSH COUNTY’s ADA/Section 504 Coordinator, pursuant to RUSH COUNTY Personnel Policy 6.4, Sexual Harassment/Hostile Work Environment.

Any disciplinary action taken against a RUSH COUNTY employee for violating the ADA/Section 504 rights of a person will be handled through the grievance process outlined in RUSH COUNTY Personnel Policy 6.4.2, Reporting a Complaint.
RUSH COUNTY
Section 504 Grievance Form

Grievance Information

Your Name: ________________________________

Your Address: ________________________________

City, State, Zip Code: ________________________________

Daytime Phone: ___________________  Evening Phone: ___________________

Email address: ________________________________

Other Contact Information

Who else can we call if we cannot reach you? ________________________________

Daytime Phone: ___________________  Evening Phone: ___________________

Grievance

1. **What** happened to you? How were you discriminated against? State briefly what happened.

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

2. **Why** do you believe you are being discriminated against?

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

3. **Who** do you believe discriminated against you?

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
Please note: If this is a housing-related grievance, it is a violation of the law to deny you your housing rights for any of the following factors: age, race, color, religion, sex, sexual orientation, gender identity, national origin, familial status (families with children under 18), or disability. Sufficient data should be included to substantiate any claims or charges. Additional supporting documentation may be attached.

4. Where did the alleged act of discrimination occur?

Address: ________________________________________________

City, State, Zip Code: ______________________________________

5. When did the last act of discrimination occur?

Enter the date (mm/dd/yyyy) __________________________________

Is the alleged discrimination continuous or ongoing? ___ Yes ___ No

6. Is there any solution you believe may remedy the problem?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature _______________________________ Date ____________________________

Send this form to:

Jerry Sitton
Section 504 Coordinator
Rush County Highway Department
1352 E. State Road 44
Rushville, IN 46173
Phone: (765) 932-2926
E-mail: highway@rushcounty.in.gov