

County of Monroe

The Florida Keys



BOARD OF COUNTY COMMISSIONERS

Mayor George Neugent, District 2
Mayor Pro Tem, Heather Carruthers, District 3
Danny L. Kolhage, District 1
David Rice, District 4
Sylvia J. Murphy, District 5

Office of the Employee Services Division Director
The Historic Gato Cigar Factory
1100 Simonton Street, Suite 268
Key West, FL 33040
(305) 292-4458 – Phone
(305) 292-4564 - Fax

Office of the County Administrator
Key West, Florida

MONROE COUNTY ADMINISTRATIVE INSTRUCTION 4718.1

Date: July 2, 2013

Subject: Americans with Disabilities Act
Grievance Procedure

Reference: Monroe County Personnel Policies and Procedures
Code of Federal Regulations
American with Disabilities Act Title II

Enclosure: (1) Grievance Form (2 pages)

Effective Date: Immediately

- (1) **Background:** The American with Disabilities Act requires a public entity that employs 50 or more persons to have a complaint procedure in place, promptly investigate complaints alleging noncompliance and provide a resolution of such complaints.
- (2) **Purpose:** The purpose of this instruction is to comply and carry out responsibilities under the American with Disabilities Act.
- (3) **Cancellation:** Instruction is to remain continuously in effect unless specifically revised or canceled.
- (4) **Instruction:** Enclosure (1) is to be utilized for those alleging discrimination on the basis of disability in the provision of services, activities, programs or benefits by Monroe County BOCC.

(5) Action:

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 the Monroe County Board of County Commissioners. The County's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date and description of the problem. 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 by the grievant and/or his/her designee as soon possible but no later than 60 calendar days after the alleged violation to:

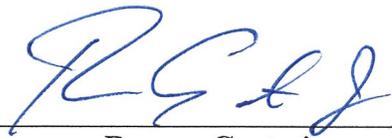
**Calvin J. Allen, ADA Coordinator
Monroe County Board of County Commissioners
Gato Building - 1100 Simonton St.
Employee Services Division
Key West, Florida 33040**

Within 15 calendar days after receipt of the complaint, Calvin Allen or his designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Calvin Allen or his designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the County and offer options for substantive resolution of the complaint.

If the response by Calvin Allen or his designee does not satisfactorily resolve the issue, the complainant or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the County Administrator or his designee.

Within 15 calendar days after receipt of the appeal, the County Administrator or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the County Administrator or his 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 received by Calvin Allen or his designee, appeals to the County Administrator or his designee, and responses from these two offices will be retained by the County for at least three years.

A handwritten signature in blue ink, appearing to read 'R. Gastesi', is positioned above a horizontal line.

Roman Gastesi
County Administrator

Distribution: VI

Originator: DHR

Review: July 2, 2016

**AMERICANS WITH DISABILITIES ACT (ADA)
GRIEVANCE FORM**

**Complete and send to: Employee Services Division
Attn: Calvin Allen, ADA Coordinator
1100 Simonton Street
Key West, FL 33040
Date Received**

COMPLAINANT INFORMATION

Name Date

ADDRESS:

CITY STATE ZIP

HOME PHONE (include area code) Business Phone (include area code)

PERSON ALLEGING ADA VIOLATION (if other than complainant):

Name

ADDRESS:

CITY STATE ZIP

HOME PHONE (include area code) Business Phone (include area code)

OTHER CONTACT INFORMATION:

INFORMATION ON ALLEGED VIOLATION

DATE ALLEGED VIOLATION OCCURRED

DESCRIPTION OF ALLEGED VIOLATION (attach additional information or documentation if necessary)

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REQUESTED REMEDY (Reasonable accommodation/modification of program and/or service)

HAS THIS COMPLAINT BEEN FILED WITH THE RESPONSIBLE FEDERAL ENFORCEMENT AGENCY, U.S. DEPARTMENT OF JUSTICE, OR COURT?

Yes No

COMPLETE THE FOLLOWING IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION:

AGENCY OR COURT

CONTACT PERSON

ADDRESS:

CITY STATE ZIP

PHONE (include area code) DATE FILED

OTHER COMMENTS

Signature: _____ Date: _____