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.
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:

**Alana Thurston, Human Resources 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, Alana Thurston or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Alana Thurston or her 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 Alana Thurston or her 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 Alana Thurston or her 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.
Distribution: VI
Originator: DHR
Review: July 2, 2016
AMERICANS WITH DISABILITIES ACT (ADA)
GRIEVANCE FORM

Complete and send to: Employee Services Division
Attn: Alana Thurston, Human Resources 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)

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
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: ____________________