

# **Hamilton County Grievance Procedure under The Americans with Disabilities Act**

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 **Hamilton County**. **Hamilton 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 as possible but no later than 180 calendar days after the alleged violation to: **Steven Rushforth ADA Coordinator/ Safety & Risk Manager, One Hamilton County Square, Suite 308, Noblesville, IN 46060**

Within 15 calendar days after receipt of the complaint, **Steven Rushforth** or *his* designee will arrange to meet with the complainant to discuss the complaint and the possible resolutions. Within 21 calendar days of the meeting, **Steven Rushforth** 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 **Hamilton County** and offer options for substantive resolution of the complaint.

If the response by **Steven Rushforth** or *his* designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the **County Commissioners** or their designee.

Within 15 calendar days after receipt of the appeal, the **County Commissioners** or *their* designee will arrange to meet with the complainant to discuss the complaint and possible resolutions. Within 21 calendar days after the meeting, the **County Commissioners** or *their* 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 **Steven Rushforth** or *his* designee, appeals to the **County Commissioners** or *their* designee, and responses from these two offices will be retained by **Hamilton County** for at least three years.

If the complainant or respondent is not satisfied with the results of the investigation of the alleged discriminatory practice(s), he or she shall be advised of their rights to appeal Hamilton County's decision to INDOT, Federal Transit Administration, U.S. Department of Transportation or U.S. Department of Justice. The complainant has 180 calendar days after the appropriate County's final resolution to appeal to USDOT.



**Steven Rushforth**  
AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR  
One Hamilton County Square, Suite 308  
Noblesville, IN 46060  
Steven.Rushforth@hamiltoncounty.in.gov  
TEL: (317) 770-1976 FAX: (317) 770-8875

**Title II of the Americans with Disabilities Act**

**GRIEVANCE FORM**

**I. COMPLAINANT INFORMATION**

Name of Complainant:

\_\_\_\_\_ Last MI First

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address:

\_\_\_\_\_

Preferred Method(s) of Communication: (Check all that apply)

Voice Telephone  TTY  E-mail  US Mail  Other: \_\_\_\_\_

**II. DESCRIBE YOUR COMPLAINT OF DISCRIMINATION BASED UPON DISABILITY.** Be specific and give date(s), time(s) and location(s). Use the reverse side of this sheet or attached pages, if needed.

**III. PERSONS NAMED IN YOUR COMPLAINT.** List the names of (or describe) all persons involved in your complaint. Indicate the job title and County Department if possible.

**IV. WITNESSES TO YOUR COMPLAINT.** List the names of (or describe) all persons involved in your complaint. Indicate the job title and County Department, if possible.

**V. EVIDENCE AND DOCUMENTATION.** List and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

**VI. CASE REMEDY AND/OR RESOLUTION.** What remedies or resolutions are you seeking?

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**CERTIFICATION**

**I hereby certify that the information and statements provided above are true.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Complainant is not the individual completing this form, please provide:

Representative's Printed Name:

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Address: \_\_\_\_\_ Telephone Number:

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For more information or assistance in completing this form, please contact Steven Rushforth – ADA Coordinator via (direct line) 317-770-1976, (fax) 317-770-8875 or (email) [steven.rushforth@hamiltoncounty.in.gov](mailto:steven.rushforth@hamiltoncounty.in.gov)