

County of Kalamazoo

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 the **County of Kalamazoo**. 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 as possible but no later than 60 calendar days after the alleged violation to:

ADA Coordinator
Kalamazoo County Administrator
201 West Kalamazoo Avenue
Kalamazoo MI 49007

The complaint can be presented in person, sent via U.S. mail or submitted on line using the form available on the County website at <http://www.kalcounty.com/ada.htm> or by calling 269.384.8111.

Within 15 calendar days after receipt of the complaint, the *Kalamazoo County Administrator* or *a* designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the *Kalamazoo County Administrator* or *a* 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 of Kalamazoo** and offer options for substantive resolution of the complaint.

If the response by the *Kalamazoo County Administrator* or *a* 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 Board of Commissioners**.

Within 15 calendar days after receipt of the appeal, the **County Board of Commissioners** will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the **County Board of Commissioners** 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 the *Kalamazoo County Administrator*, appeals to the **County Board of Commissioners**, and responses from these two offices will be retained by the **County of Kalamazoo** for at least three years.