SUBJECT: AMERICANS WITH DISABILITIES ACT (ADA)

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 Maury County Government. Maury County Government 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 sixty calendar days after the alleged violation to:

Andy Ogles
County Mayor
41 Public Square
Columbia, TN 38401
931-375-1001
aogles@maurycounty-tn.gov

Within fifteen calendar days after receipt of the complaint, the ADA Coordinator or his/her designee will meet with or otherwise contact the complainant to discuss the complaint and the possible resolutions. Within fifteen calendar days of the meeting, the ADA Coordinator or his/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 Maury County Government and offer options for substantive resolution of the complaint.

If the response by the ADA coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within fifteen calendar days after receipt of the response to Maury County Mayor or his/her designee.

Within fifteen calendar days after receipt of the appeal, the Maury County Mayor or his/her designee will meet with or otherwise contact the complainant to discuss the complaint and possible resolutions. Within fifteen calendar days after the meeting, the Maury County Mayor or his/her designee will respond in writing, and where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All complaints received by the ADA coordinator or his/her designee, appeals to the Maury County Mayor, or his/her designee, and responses from these two offices will be retained by Maury County Government for at least three years.

Andy Ogles
I. COMPLAINANT INFORMATION

Name: _________________________________________________________________________

Last First MI

Address: _______________________________________________________________________

City __________________________________ State __________ Zip _______________________

Phone: __________________________ Email: ________________________________________

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

Phone ☐ TTY ☐ Email ☐ US Mail ☐ Other: ________________

II. DESCRIBE YOUR COMPLAINT OF DISCRIMINATION BASED UPON DISABILITY

Be specific & give dates, time/s, & location/s. Use the reverse side of this form or attach pages if needed.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

III. PERSONS NAMED IN YOUR COMPLAINT

List names or describe all persons involved in your complaint. Indicate the job title & County department/division of County employees if possible.

______________________________________________________________________________
IV. WITNESSES TO YOUR COMPLAINT
List names or describe all persons involved in your complaint. Indicate the job title & County department/division of County employees if possible.

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

VI. CASE REMEDY &/OR RESOLUTION
What remedies/resolutions are you seeking?

CERTIFICATION: I hereby certify that the information & statements above are true.
Signature: __________________________ Date: ______________________

If person needing accommodation is not the individual completing this form, please provide:
Representative’s Name:
________________________________________________________
Address:____________________________________________________________________
City State Zip
Phone: __________________________ Email: ________________________________________

For more information or assistance with completing this form, please contact the County ADA Coordinator, Mayor’s Office 931-375-1001, aogles@maurycountry-tn.gov