

Stewart County
The Americans with Disabilities Act Title II
Grievance Procedure and Complaint Form

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 based on a disability in the provision of services, activities, programs, or benefits by Stewart County. Stewart 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 Betsy Vanvolkinberg, ADA Coordinator, c/o Stewart County Mayor, 226 Lakeview Drive, Dover, Tennessee 37058.

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 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 Stewart County 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 15 calendar days after receipt of the response to the County Mayor or his/her designee.

Within 15 calendar days after receipt of the appeal, the County Mayor or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the 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 written complaints received by the ADA Coordinator or his/her designee, appeals to the County Mayor or his/her designee, and responses from these two offices will be retained by Stewart County for at least three years. The Grievance Procedure and Discrimination Complaint Form Title VI, VII, XI, and 504 is provided here.

Discrimination Complaint Form

Title VI, VII, IX, and 504.

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please contact the Stewart County Mayor's Office at 232-3100.

1. Complainant's Name: _____
Address: _____
City, State, and Zip Code: _____
Telephone Number Home: _____ Business: _____

2. Person discriminated against (if someone other than the complainant)
Name: _____
Address: _____
City, State, Zip Code: _____

3. What is the name and location of the institution or agency that you believe discriminated against you?
Name: _____
Address: _____
City, State, and Zip Code: _____
Telephone Number: () _____

4. Which of the following best describes the reason you believe that discrimination took place?
 - a. Race/Color (Specify) _____
 - b. National Origin (Specify) _____
 - c. Sex (Specify) _____
 - d. Creed (Specify) _____
 - e. Age (Specify) _____
 - f. Marital Status (Specify) _____
 - g. Disability (Specify) _____
 - h. Religion (Specify) _____

5. What date did the alleged discrimination take place? _____
6. In your own words, describe the alleged discrimination? Explain what happened and who you believe was responsible?

7. Have you tried to resolve this complaint through internal grievance procedures at the institution or agency? () Yes () No

If yes, what is the status of the grievance?

Name and Title of the person who is handling the grievance procedure at the institution or agency?

Name: _____

Title: _____

8. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? () Yes () No

If yes, check all that apply:

Federal Agency ()

Federal Court ()

State Agency ()

State Court ()

Local Agency ()

Please provide information about a contact person at the agency/court where the Complaint was filed.

Name: _____

Agency: _____

Address: _____

City, State, Zip Code: _____

Telephone Number () _____

9. Do you intend to file this complaint with another agency? () Yes () No

If yes, when, and where do you plan to file the complaint?

Date: _____

Agency: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: () _____

10. Has this complaint been filed with this agency before? () Yes () No

If yes, when? Date: _____

11. Have you filed any other complaints with this agency? () Yes () No

If yes, when, and against whom, were they filed?

Date: _____

Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: () _____

Give a brief description of the other complaint:

What is the status of the other complaint?

12. Please sign below. You may attach any written material or other information that you think is relevant to your complaint.

Complainant's Signature

Date