



Loudoun County Government Administrative Policies and Procedures

Title: American with Disabilities Act (ADA) Title II Public Grievance Procedures	Effective Date: September 17, 1991; revised September 7, 1993; revised September 26, 1994; revised April 28, 2005; revised 7/13/09
Number: ADA-01	Date Last Reviewed/Revised: 12/01/13

Policy:

This policy reflects the County’s commitment to provide prompt and equitable resolution of complaints arising from alleged violations of actions prohibited by applicable provisions of Section 504 of the 1973 Rehabilitation Act, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, and The Virginians with Disabilities Act of 1985.

Background:

The ADA prohibits discrimination on the basis of disability in employment, state and local government services, public accommodations, commercial facilities, transportation, and telecommunications. Loudoun County Government is committed to complying with the ADA and all federal and state disability, civil rights and fair housing laws. If a member of the public files a grievance alleging violation of the ADA, Loudoun County will not retaliate against that individual because he/she has participated in any investigation or proceeding under the Acts or because he/she has opposed the county’s practices as discriminatory. Grievances may be filed by anyone, including guardians on behalf of someone with a disability, or a patron who accesses and uses county facilities.

Definitions:

"Qualified individuals with disabilities" means persons covered by the ADA(42 U.S.C. § 12101 et seq.) and other related state and federal laws, and includes individuals who have a physical or mental impairment that substantially limits one or more of the major life activities; have a record of such an impairment; or are regarded as having such an impairment.

"Accommodation(s)" may include, but are not limited to, making reasonable modifications in policies, practices, and procedures; furnishing, at no charge to the qualified individuals with disabilities, auxiliary aids and services, which include but are not limited to, equipment, devices, materials in alternative formats, and qualified interpreters or readers; and making each service, program, or activity, when viewed in its entirety, readily accessible to and usable by qualified individuals with disabilities requesting accommodations.

Further definitions of disability and regulations for the ADA are found in 42 U.S.C. § 12131 and 28 C.F.R. Part 35, the Rehabilitation Act of 1973, 29 U.S.C § 794 and 28 C.F.R. Part 42, Subpart G, as well as the ADA Amendments Act of 2008.

Procedure:

A qualified individual with a disability, or his/her representative, who has a complaint of an alleged violation on the basis of his/her disability, shall submit a complaint in writing (see form attached to this policy) to the ADA Coordinator no later than 60 calendar days from the date of the alleged violation. The complaint must include the name, address, and phone number of the complainant; the location, date, and brief description of the incident; and the remedy sought. Upon request, alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities who require such alternatives.

An investigation shall be conducted by the ADA Coordinator when the complaint provides reasonable information to indicate discrimination may have occurred. Within fifteen business days of receipt of the written grievance, the ADA Coordinator will contact the complainant to schedule a meeting to discuss the complaint and possible resolutions. The ADA Coordinator shall provide the complainant with a written response within ten business days after the conclusion of the meeting, and, where appropriate, in a format accessible to the complainant, such as large print, Braille, or audiotape. The response will explain the position of the County and offer options for substantive resolution of the complaint. If the ADA Coordinator cannot provide the written response within ten business days, then the ADA Coordinator will notify the complainant within ten business days with an estimated timeframe of when a written response may be expected.

If the complaint is not resolved to the satisfaction of the complainant, the complainant may appeal the matter to the County Administrator or their designee. The County Administrator or their designee shall conduct a face-to-face meeting with the complainant within fifteen business days from receipt of the appeal. Following the face-to-face meeting, the County Administrator or their designee shall then provide the complainant a written response within fifteen business days. A copy of the written response will be forwarded to the ADA Coordinator. The County Administrator's decision will be the final step in the internal administrative procedures.

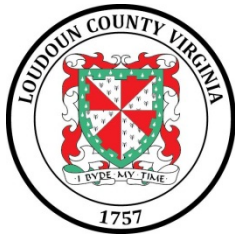
The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies.

The County will maintain a file of all written grievances and corresponding communication for three years.

Responsible Department/Division:

ADA Coordinator, Office of the County Administrator
County Administrator

This policy remains in effect until revised or rescinded.



Loudoun County, Virginia

www.loudoun.gov

ADA Grievance Form

Instructions: Please fill out the form completely, sign the form, and submit within 60 days of any incident to:

By Mail:

ADA Coordinator
County of Loudoun
Office of the County Administrator
1 Harrison Street, SE, PO Box 7000,
Leesburg, VA 20177-7000

By Email:

emily.watkins@loudoun.gov

Type of Grievance (select any that apply):

Accommodation Request

Program/Service

Facility Accessibility

Other:

Department/Program:

CONTACT INFORMATION

Reporting Individual

On Behalf of:

(if different than Reporting Individual)

Full Name:	Full Name:
Address:	Address:
City, State, and Zip Code:	City, State, and Zip Code:
Phone(s):	Phone(s):
E-mail:	E-mail:

COMPLAINT/INCIDENT DETAILS

Date of Complaint/Incident:

Describe the complaint/incident:

Have efforts been made to resolve this complaint through the Department in which the alleged discrimination took place? If yes, please describe the efforts that have been made:

Remedy Sought:

If you need more space for any questions, please attach additional pages as necessary. For questions about this form, please contact ADA Coordinator, Emily Watkins, at emily.watkins@loudoun.gov or call 703-777-0450.