

Anderson County has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title II of the Americans with Disabilities Act (ADA). Title II states, in part, that "no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination" in programs or activities sponsored by a public entity.

Complaints related to the Title II of the ADA should be addressed to the ADA Compliance Coordinator responsible for County-wide ADA Title II compliance efforts.

1. A complaint must be submitted utilizing the grievance form. If necessary, an alternative means of filing the complaint or receiving the response may be requested, but must contain the name and address of the person filing it and a brief description, including the date and location, of the alleged violation.
2. Complaints should be filed in as timely a manner as possible but no later than 45 business days after the alleged violation.
3. An investigation by the ADA Compliance Coordinator or designee, as may be appropriate, shall follow a filing of complaint. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.
4. The ADA Compliance Coordinator or designee will provide a response in writing, or in an alternative format if requested, to the complainant within 30 business days after the complaint is received.
5. The complainant can request a reconsideration of the case in instances where he or she is dissatisfied with the resolution. The request for reconsideration should be made in writing, or in an alternative format upon request, to the County Administrator within 30 business days of receiving the ADA Compliance Coordinator's decision.
6. The Administrator or designee will review the complaint, conduct an additional investigation if appropriate, and respond to the complainant in writing, or in an alternative format upon request, within 30 business days after receipt of the request for reconsideration. A copy of the Administrator's response will be forwarded to the ADA Compliance Coordinator.

7. The ADA Compliance Coordinator will maintain copies of all written ADA complaints, appeals to the Administrator, and responses from these two offices for at least 3 years.
8. These rules shall be construed to protect the substantive rights of interested persons to meet appropriate due process standards and to assure that Anderson County complies with the ADA and implementing regulations.
9. Use of this grievance process does not preclude the complainant from filing an administrative complaint with the designated federal agency or filing a lawsuit for injunctive relief and damages. An individual may choose to pursue any or all of these methods.

In accordance to the ADA Grievance Procedures adopted by Anderson County, please complete and submit this form in order to file a complaint.

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Today's Date: _____

Name of Grievant: _____

Address of Grievant: _____

Telephone Number of Grievant: _____

Name, Address and Telephone Number of Alternate Contact Person: _____

Office alleged to have denied access: _____

Location: _____

I was denied access on: _____

I am seeking access to the following Anderson County building, program or activity in which I haven't been able to participate because I need an accommodation:

The accommodation I seek: _____

Please describe how you have been denied the benefits of any services, programs, activities or have otherwise been subjected to discrimination. Please specify dates, times, places of incidents and names and/or positions of agency employees involved, if any; as well as names, addresses and telephone numbers of any eyewitnesses. Attach additional pages if necessary. Include a description of how you feel access may have been had to the benefits described above, or the way in which an accommodation could be provided to allow access.

Submit in Person, Mail, E-Mail or Fax this form to:

**ADA Compliance Coordinator
Anderson County
Post Office Box 8002
Anderson, South Carolina 29622**

For Office Use Only:

Date Complaint Received: _____ Scheduled Grievance Hearing: _____

Date Response Sent: _____ Accommodation Implemented: _____
