



COUNTY OF INYO

ADA NOTICE AND GRIEVANCE PROCEDURE

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the County of Inyo will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities.

Employment: The County of Inyo does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication: The County of Inyo will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the County of Inyo's programs, services and activities.

Modifications to Policies and Procedures: The County of Inyo will make all reasonable accommodations to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services and activities. For example, individuals with service animals are welcomed in the County of Inyo's offices, even where pets are prohibited.

Anyone who requires an auxiliary aid or service for effective communication or a modification of policies or procedures to participated in a program, service or activity of the County of Inyo should contact the office of Aaron Holmberg, ADA Coordinator at 760.872.2908 as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the County of Inyo to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service or activity of the County of Inyo is not accessible to persons with disabilities should be directed to Aaron Holmberg, ADA Coordinator at 760.872.2908.

The County of Inyo will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary



aids/services or reasonable modifications of the policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

COUNTY OF INYO AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE

Grievance Procedure

Inyo County hereby adopts this internal grievance procedure to provide for prompt and equitable resolution of complaints alleging any action that is prohibited by Title II of the Americans with Disabilities Act (hereinafter "ADA"). The County has designated the County Risk Manager as the ADA Coordinator.

In the event a request for access to programs, services or facilities cannot be resolved, an individual may file a grievance either orally or in writing by contacting Aaron Holmberg, ADA Coordinator/Inyo County Risk Manager, 163 May Street, Bishop, CA 93514, 760.872.2908, California Relay Service at 1.800.735.2929 (TTY) or 1.800.735.2922 (Voice). The County's ADA Coordinator is available to disabled persons requiring assistance to file a grievance. The County's communications regarding the grievance will be in a format accessible to the grievant.

The procedure to file a grievance is as follows:

Step 1. A written grievance should be filed on the ADA Grievance Form attached hereto. If the grievance is not filed on the Grievance Form, it should nonetheless contain the following information:

- The name, address and telephone number of the person filing the grievance.
- The name, address and telephone number of the person alleging the ADA violation, if other than the person filing the grievance.
- A description of the alleged violation and the remedy sought.
- Information regarding whether a complaint has been filed with the Department of Justice or other federal or state civil rights agency or court.
- If a complaint has been filed, the name of the agency or court where the complaint was filed, the date the complaint was filed, and the name, address and telephone number of a contact person with the agency with which the complaint isn't filed.



An oral grievance can be filed by contacting the ADA Coordinator. The oral grievance will be reduced to writing by the ADA Coordinator utilizing the ADA Grievance Form and will be signed by the grievant.

Step 2. The grievance will be either responded to or acknowledged within 20 working days of the receipt.

Step 3. Within 60 calendar days of receipt, the ADA Coordinator will conduct the investigation necessary to determine the validity of the alleged violation. If appropriate, the ADA Coordinator will arrange to meet with the grievant to discuss the matter and attempt to reach an informal resolution of the grievance. Any informal resolution of the grievance will be documented in the County's ADA Grievance File.

Step 4. If an informal resolution of the grievance is not reached, a written determination as to the validity of the complaint and description of the resolution, if appropriate, shall be issued by the ADA Coordinator and a copy forwarded to the grievant no later than 90 days from the date of the County's receipt of grievance.

Step 5. The grievant may request reconsideration if he/she is dissatisfied with the written determination. The request for reconsideration shall be in writing and filed with the Inyo County Administrator, P.O. Drawer N, Independence, CA 93526 within 30 days after the ADA Coordinator's determination has been mailed to the grievant. The Inyo County Administrator shall review the request for reconsideration and make a final determination within 90 days from the filing of the request for reconsideration.

Step 6. If the grievant is dissatisfied with the County's handling of the grievance at any stage of the process or does not wish to file a grievance through the County's ADA Grievance Procedure, the grievant may file a complaint directly with the United States Department of Justice or other appropriate state or federal agency. Use of the County's grievance procedure is not a prerequisite to the pursuit of other remedies.

The resolution of any specific grievance will require consideration of varying circumstances, such as the specific nature of the disability; the nature of the access to services, programs, or facilities at issue and the essential eligibility requirements for participation, the health and safety of others; and the degree to which an accommodation would constitute a fundamental alteration to the program, service, or facility, or cause an undue hardship to the County. Accordingly, the resolution by the County of any one grievance does not constitute a precedent upon which the County is bound or upon which other complaining parties may rely.



File Maintenance

The County's ADA Coordinator shall maintain ADA grievance files for a period of three years.

For More Information, Contact:

County of Inyo
Aaron Holmberg
Risk Manager
163 May Street
Bishop, CA 93514
760.872.2908
800.735.2929 (TTY)
800.735.2922 (Voice)

An individual may file a grievance either orally or in writing by contacting the ADA Coordinator. The County's ADA Coordinator is available to disabled persons requiring assistance to file a grievance. The County's communications regarding the grievance will be in a format accessible to the grievant.

Print and Fill-Out the ADA Grievance Form in Adobe Acrobat® (PDF)

Printing Hints: ADA Grievance Form prints best using letter-sized paper, 8.5"x11".

If the form prints gibberish, make sure that the *Print as Image* option is selected in the *Print* window.