## **COUNTY OF KANE**

## **Grievance Procedure under The Americans with Disabilities Act**

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 Kane County or its employing agencies. The Kane County Personnel Policy Handbook 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:

Sylvia Wetzel ADA Coordinator Executive Director of Human Resource Management 719 S. Batavia Avenue Geneva, IL 60134

Within 15 calendar days after receipt of the complaint, **Sylvia Wetzel** or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Sylvia Wetzel or 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 Kane County and offer options for substantive resolution of the complaint.

If the response by Sylvia Wetzel or 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 **Chairman of the Human Services Committee** or his designee.

Within 15 calendar days after receipt of the appeal, the Chairman of the Human Services Committee or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Chairman of the Human Services Committee or his 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 Sylvia Wetzel or her designee, appeals to the Chairman of the Human Services Committee or his designee, and responses from these two officials will be retained by Kane County for at least three years.

## AMERICANS WITH DISABILITIES COMPLAINT FORM

Instructions: Please fill out this form completely. Sign and return to the address on page 2.

Complainant:						
	p Code:					
		Mobile Phone:				
*****	*****					
Person Discriminat (if other than the	ed Against complainant):					
	ip Code:					
		Mobile Phone:				
	*****					
Person, Department	, Office, or Committee that y	you believe has discriminated:				
Name:						
	z: Zip Code:					
Telephone Number:_						
When did the discr	imination occur? Date:					
	of discrimination providing the holdscriminated (use space of	the name(s) where possible of on back if necessary):				

What efforts have been made to resolve this complaint?

	aint been filed burt? Yes			State, or	local civi	l rights
If yes: Agency or Co	ourt:					
Contact Pers	son:					
Address:						
City, State,	and Zip Code:					
Telephone Nu	umber:					
Date Filed:						
Do you inter	nd to file with a	another a	agency or	court?	Yes	_ No
If yes: Agency or Co	ourt:					
Address:						
City, State	and Zip Code:					
Telephone Nu	ımber:					
Signature: _						
Date:						
Return to:	Sylvia Wetzel, A Kane County Depa 719 S. Batavia A Geneva, IL 6013 wetzelsylvia@co	artment o Avenue, 1 4	of Human Building		Management	