## **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:

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

Within 15 calendar days after receipt of the complaint, **Jamie Lobrillo** or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Jamie Lobrillo 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 Jamie Lobrillo 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 Jamie Lobrillo 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:		
	ode:	
Home Phone:	Business Phone:	Mobile Phone:
**************************************		
	Code:	
		Mobile Phone:
**************************************		you believe has discriminated:
Name:		
Address:		
City:	Zip Code:	:
Telephone Number:		
Describe the acts of (		the name(s) where possible of

What efforts have been made to resolve this complaint?

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	aint been filed ourt? Yes			State,	or loca	al civil	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	another	agency	or court	:? Ye	es	No
If yes: Agency or Co	ourt:						
Address:							
City, State	and Zip Code:						
Telephone Nu	umber:						
Q.;							
Date:							
Return to:	Jamie Lobrillo, Kane County Dep 719 S. Batavia Geneva, IL 6013	Avenue,	of Huma Buildin	n Resour	ce Mana	agement	