

UNION COUNTY GOVERNMENT
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 the Union County Government. Union County's Personnel Policy 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 interview 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:

Heather Sizemore, ADA Coordinator -- 901 Main St. Suite 100 -- Maynardville, TN 37807

Within 15 calendar days after receipt of the complaint, Heather Sizemore will meet with the complainant to discuss the complaint and the possible resolution. Within 15 calendar days of this meeting, Heather Sizemore 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 Union County Government and offer options for substantive resolution of the complaint.

If the response by Heather Sizemore 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 Union County Mayor and/or County Commissioner.

Within 15 calendar days after receipt of the appeal Union County Mayor and/or County Commissioner will meet with the complainant to discuss the complaint and possible resolution. Within 15 calendar days after the meeting, the Union County Mayor and/or County Commissioner 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 Heather Sizemore, appeals to the Union County Mayor and or County Commissioner and responses from these two (2) offices will be retained by the Union County Mayor's office for at least three (3) years.

Americans with Disabilities Act (ADA) Complaint Form

This form is intended to be a tool to help you describe the act or situation encountered that you believe to be discriminatory. This form also serves as a basis for which a solution can be found. If you have questions about this form or need assistance completing the form, please contact the County's ADA Coordinator: Heather Sizemore, phone: 865-992-3061, email: hsizemore@unioncountyttn.org

You will be contacted for further information or you will receive a response within fifteen (15) days of receipt of this complaint by the appropriate County staff.

Please fill out this form in its entirety – do not use pencil. When finished, sign and date the form and return to the address on the form. There are three sections on the form – please complete each section as applicable or say “not applicable”.

1. Person alleged to have encountered a problem

Name: _____

Address: _____

Phone Home: _____ Phone-Business: _____

Email address: _____

Nature of Disability _____

2. Person filing the complaint (if different from above)

Name: _____

Address: _____

Phone – Home: _____ Phone–Business: _____

Email address: _____

3. The Situation

Date of alleged discriminatory occurrence:

Please list name(s) and contact information of any witnesses:

In your own words, please explain how you believe you were discriminated against.