Ferry County
Resolution No. 2010-45
Amending Resolution No. 2009-48

Adopting a new ADA Grievance Procedure

WHEREAS, the Board finds local ADA activist has brought information to the County and requested the County adopt a new grievance procedure to be in compliance with the requirements of the Americans With Disabilities Act.

WHEREAS, Resolution 2009-48 (Exhibit 1) has inaccurate contact information for the Risk Manager. Therefore all portions of Exhibit 1 will reflect the correct contact information.

NOW, THERFORE BE IT RESOLVED by the Board of Ferry County Commissioners that Exhibit 1, attached hereto and incorporated herein, is adopted as the "FERRY COUNTY AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE".

DATED this 20th day of December 2010.

BOARD OF FERRY COUNTY COMMISSIOENRS

Ronald J. Bond
RONALD "JOE" BOND, Chairman

Brad L. Miller
BRAD L. MILLER, Vice Chair

Robert L. Heath
ROBERT L. "BOB" HEATH, Member

ATTEST:

Teri Kinney
for Debbie Bechtol, Clerk of the Board

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Ferry County
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 **Ferry County**. The **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 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:

Ferry County Risk Manager

350 E. Delaware #15

Republic, WA 99166

509-775-5225 ext 1107

Within 15 calendar days after receipt of the complaint, the **Ferry County Risk Manager,** will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the Ferry County Risk Manager 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 **Ferry County** and offer options for substantive resolution of the complaint.

If the response by the **Ferry County Risk Manager,** 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 **Board of County Commissioner of Ferry County.**

Within 15 calendar days after receipt of the appeal, the **Board of County Commissioners** will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the **Board of County Commissioners** 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 the **Ferry County Risk Manager**, appeals to the **Board of County Commissioners**, and responses from these two offices will be retained by the **County** for at least three years.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

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

Employment: Ferry County 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: Ferry County will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in **Ferry County's** programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: Ferry County will make all reasonable modifications 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 **Ferry County** offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of **Ferry County,** should contact the office of the **Ferry County Risk Manager, 350 E. Delaware # 15, Republic, WA. 99166, 509-775-5225 ext 1107** as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require **Ferry County** 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 **Ferry County** is not accessible to persons with disabilities should be directed to the **Ferry County Risk Manager, 350 E. Delaware #15, Republic, WA 99166, 509-775-5225 ext 1107.**

Ferry County 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 policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.