

Pike County, Indiana

Complaint Procedures under the Americans with Disabilities Act

This Complaint Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990. This Complaint Procedure 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 Pike County, Indiana; Courthouse, Highway Department, Sheriff's Department, Jail, Emergency Medical Services, Emergency Management, Prides Creek Park and 4-H Fairgrounds.

The complaint should be in writing and contain information about the alleged discrimination including:

- *Full Name of Complainant
- *Address of Complainant
- *Phone Number of Complainant
- *Location, Date and Description of Problem

The attached form provides spaces for all necessary information. Alternative means of filing complaints, such as personal interviews or a tape or audio recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible but no later than sixty (60) calendar days after the alleged to:

Pike County Commissioners Office
ADA Coordinator
801 E Main St
Petersburg, IN 47567

Within thirty (30) calendar days after receipt of the complaint, the ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days of the meeting, the ADA Coordinator or his/her designee, in consultation with the County Attorney, will respond in writing and where appropriate, in a format accessible to the complainant such as large print, Braille or audio recording. The response will explain the position of the department and other options for substantive resolution of the complaint.

If the response by the ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within fifteen (15) calendar days after receipt of the response to the Pike County of Board of Commissioners. The appeal should take the form of a written letter describing the initial complaint, the initial response, and the ways in which the initial response does not satisfactorily address the complaint. Alternative means of filing appeals, such as personal interviews of a tape or audio recording of the complaint, will be made available for persons with disabilities upon request. The appeal should be sent to the same address the initial complaint was delivered to.

The ADA Appeals Committee will be chaired by the County ADA Coordinator. The chair will choose two department coordinators whose departments are not involved in the complaint to serve on the committee. The County Attorney will serve to advise the committee.

Within thirty (30) calendar days after receipt of the appeal, the County's ADA Appeals Committee will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the County's ADA Appeals Committee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All complaints received by the ADA Coordinator or his/her designee, appeals to the County's ADA Appeals Committee, and responses will be retained by the Pike County Commissioners Office for five (5) years.

APPENDIX B
Title II of the Americans with Disabilities Act
Discrimination Complaint Form

Instructions: Please complete this form in black ink or type. Alternate means of filing a complaint, such as a personal interview or audio recording, will be made available upon request.

Complainant Name: _____

Complainant Address: _____

City, State & Zip: _____

Contact Phone: _____

Complete the Information below if the Person discriminated against **is not** the complainant:

Name: _____

Address: _____

City, State & Zip: _____

Contact Phone: _____

Location of Alleged Discrimination: _____

Date & Time of Alleged Discrimination: _____

Describe the acts of discrimination providing the name(s) where possible of individuals who allegedly discriminated (if applicable) or County facilities in violation of the Americans with Disabilities Act. Attach additional pages if necessary.

Date Filed: _____

Do you intend to file with another agency or court? Yes _____ No _____

Agency or Court: _____

Address: _____

City, State & Zip: _____

Contact Phone: _____

Additional space for answers: _____

Signature of Complainant: _____

Date Form Completed: _____

Return completed form to:

Pike County Commissioners

ADA Coordinator

801 E Main St

Petersburg, IN 47567

For ADA Coordinator Use Only:

Date form received _____