



**AMERICANS WITH DISABILITIES ACT
Grievance Procedure**

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 Weld County Government. Weld County Government's Weld County Code Section 3-2-10 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 the Primary or Alternate ADA Coordinator:

Michelle Raimer
ADA Coordinator (PRIMARY)
Weld County Human Resources
1150 O Street, Greeley CO 80631
(970) 336-7220

OR

Patti Russell
ADA Coordinator (ALTERNATE)
Weld County Human Resources
1150 O Street, Greeley CO 80631
(970) 336-7220

Within 15 calendar days after receipt of the complaint, the Primary or Alternate ADA Coordinator or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the Primary or Alternate ADA Coordinator or their 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 the Weld County Government and offer options for substantive resolution of the complaint.

If the response by the Primary or Alternate ADA Coordinator or their 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 Director of Finance and Administration, or his/her designee.

Within 15 calendar days after receipt of the appeal, Director of Finance and Administration, or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, Director of Finance and Administration, or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

Human Resources will retain all written complaints and responses for a period of three years.

GRIEVANCE FORM ON NEXT PAGE

**WELD COUNTY
GRIEVANCE FORM
AMERICANS WITH DISABILITY ACT**

Today's Date: _____

Complainant: _____

Address: _____

City, State, ZIP _____

Telephone & E-mail _____

Individual Discriminated Against: _____

Address: _____

City, State, ZIP _____

Telephone & E-mail _____

Alleged Violation: Date(s) of Occurrence: _____

Requested Action by County to Correct Violation:

Has Complaint been Filed with State or Federal Agency: Yes _____ **No** _____

Name of Agency: _____ **Date Filed** _____

Contact Person: _____

Signature of Complainant _____

Note: Use additional sheets as necessary