
SUBJECT: AMERICANS WITH DISABILITIES ACT (ADA)

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 Maury County Government. Maury County Government 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 sixty calendar days after the alleged violation to:

Andy Ogles
County Mayor
41 Public Square
Columbia, TN 38401
931-375-1001
aogles@maurycounty-tn.gov

Within fifteen calendar days after receipt of the complaint, the ADA Coordinator or his/her designee will meet with or otherwise contact the complainant to discuss the complaint and the possible resolutions. Within fifteen calendar days of the meeting, the ADA Coordinator or his/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 Maury County Government and offer 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 calendar days after receipt of the response to Maury County Mayor or his/her designee.

Within fifteen calendar days after receipt of the appeal, the Maury County Mayor or his/her designee will meet with or otherwise contact the complainant to discuss the complaint and possible resolutions. Within fifteen calendar days after the meeting, the Maury County Mayor 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.

All complaints received by the ADA coordinator or his/her designee, appeals to the Maury County Mayor, or his/her designee, and responses from these two offices will be retained by Maury County Government for at least three years.

Andy Ogles

IV. WITNESSES TO YOUR COMPLAINT

List names or describe all persons involved in your complaint. Indicate the job title & County department/division of County employees if possible.

V. EVIDENCE & DOCUMENTATION

List & provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

VI. CASE REMEDY &/OR RESOLUTION

What remedies/resolutions are you seeking?

CERTIFICATION: I hereby certify that the information & statements above are true.

Signature: _____ Date: _____

If person needing accommodation is not the individual completing this form, please provide:
Representative's Name:

Address:

City _____ State _____ Zip _____
Phone: _____ Email: _____

For more information or assistance with completing this form, please contact the
County ADA Coordinator, Mayor's Office 931-375-1001, aogles@maurycounty-tn.gov