



Ada County Highway District  
3775 Adams Street  
Garden City, Idaho, 83714

## Americans with Disabilities Act Grievance Form

If you believe that you were denied access to an Ada County Highway District (ACHD) facility, program, or service due to a disability, please contact:

Rachel Chipman, Accessibility Compliance Coordinator  
Traffic Engineering Department  
Ada County Highway District  
3775 Adams Street  
Garden City, ID 83714  
Phone: (208) 387-6301  
Fax: (208) 387-6391  
Email: [rchipman@achdidaho.org](mailto:rchipman@achdidaho.org)  
TTY: (800)-377-3529

Use the written form below for your convenience. Please fill out the form completely in blue or black ink or type. Alternative means of filing complaints, such as personal interviews or an audio recording of the complaint, will be made available to persons with disabilities upon request to the ADA Coordinator. The ADA Coordinator or his designee will contact you to discuss the complaint within 10 days of receipt.

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Reporting Individual's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Person Discriminated Against  
(If other than the reporting individual): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_



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## GRIEVANCE

*Access issues generally fall into one of three categories. Please indicate which category best describes your issue:*

- Physical/Architectural Access** – The issue is related to a physical barrier, for example, a wheelchair ramp or curb ramp is needed, sidewalks are damaged and/or inaccessible, counters are too high for wheelchair users, missing braille signage, etc.
- Programmatic Access** – The issue is related to being able to participate in a program, service, or activity. For example, is there a policy, practice, and/or procedure that you allege does not provide an equally effective opportunity for persons with disabilities to participate in or benefit from ACHD’s programs and services?
- Communication Access** – The issue is related to communication, including the need for auxiliary aids and services, a sign language interpreter, or Communication Access Real-Time Translation (CART) materials in alternative formats, in order to have equal access to information and communication with an ACHD department’s programs, services, or activities.

### Department or program which you believe has discriminated:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**When did the discrimination occur?** Date/time: \_\_\_\_\_

**Describe the acts of discrimination providing the name(s), where possible, of the individual(s) who discriminated** (attach additional sheets as necessary):

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**Please state what you think should be done to resolve the complaint or grievance:**

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**Have you made efforts to resolve this issue directly with staff from the department or program?**

Yes\_\_\_ No\_\_\_

*If yes:*

What is the status of the grievance? \_\_\_\_\_

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**Has the complaint been filed with the Department of Justice or any other federal, state, or local civil rights agency or court?**

Yes\_\_\_ No\_\_\_

*If yes:*

Agency or Court: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_



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**Do you intend to file with another agency or court?**

Yes \_\_\_ No \_\_\_

*If yes:*

Agency or Court: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Reporting Individual's Signature

\_\_\_\_\_  
Date

Sign, date, and return to:

**R # \_\_\_\_\_, Accessibility Compliance Coordinator, Traffic Engineering Department,  
Ada County Highway District, 3775 Adams St., Garden City, ID 83714**



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3775 Adams Street  
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## **Ada County Highway District 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 Ada County Highway District (ACHD). ACHD'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 an 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 their designee as soon as possible but no later than 180 calendar days after the alleged violation to:

Rachel Chipman, Accessibility Compliance Coordinator  
Traffic Engineering Department  
Ada County Highway District  
3775 Adams Street  
Garden City, ID 83714  
Phone: (208) 387-6301  
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Email: [rchipman@achdidaho.org](mailto:rchipman@achdidaho.org)  
TTY: (800)-377-3529

Within 10 calendar days after receipt of the complaint, Rachel Chipman or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Rachel Chipman or her designee 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 Ada County Highway District and offer options for substantive resolution of the complaint.

If the response by Rachel Chipman or her designee does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within 10 calendar days after receipt of the response to the ACHD Director or their designee.

Within 15 calendar days after receipt of the appeal, the ACHD Director or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the ACHD Director or their designee 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 Rachel Chipman or her designee, appeals to the ACHD Director or their designee, and responses from these two offices will be retained by the Ada County Highway District for at least three years.