



ACHD Self-Evaluation and Transition Plan

Appendix F: Updated Grievance Procedure and Form

Adopted April 2019 by Resolution 2272

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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:

Ryan Fisher, ADA Coordinator
Maintenance Department
Ada County Highway District
3775 Adams Street
Garden City, ID 83714
Phone: (208) 387-6228
Fax: (208) 387-6391
Email: rfisher@achdidaho.org
TTY: in progress

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.

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:

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? _____

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:

**Ryan Fisher, ADA Coordinator, Maintenance Department, Ada County Highway District, 3775
Adams St., Garden City, ID 83714**



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

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:

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Ada County Highway District
3775 Adams Street
Garden City, ID 83714
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Email: rfisher@achdidaho.org
TTY: in progress

Within 10 calendar days after receipt of the complaint, Ryan Fisher or his designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Ryan Fisher or his 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 Ryan Fisher or his 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 ACH 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 Ryan Fisher or his 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.