

GRIEVANCE PROCEDURE UNDER THE AMERICANS WITH DISABILITIES ACT



This grievance procedure is established to resolve complaints of disability discrimination arising under Title II of the Americans with Disabilities Act of 1990 (ADA) in a prompt and fair manner. *The Clark County Human Resources Policy 3.0 governs employment-related complaints of disability discrimination.*

The written grievance needs to be submitted to the ADA Coordinator as soon as possible, but no later than 60 calendar days after the alleged violation and contain information about the alleged discrimination.

In order to assist Clark County in obtaining the necessary information for your complaint, please follow these steps:

1. Complete Clark County's District Court ADA Grievance Form
2. Sign and date the form
3. Submit the form and any attachments to:

ADA Coordinator
Clark County District Court
1200 Franklin Street, PO BOX 9806
Vancouver, WA 98666
Email: District.CourtADA@clark.wa.gov

Within 15 calendar days of receipt of the complaint, the ADA Coordinator will meet with the grievant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator will respond in writing to the grievant. The response will explain the position of the Court and may offer options for substantive resolution of the grievance. The grievant may appeal the decision within 15 calendar days of receipt of the response, to the Presiding Judge.

Should the grievant not be satisfied with the Presiding Judge's response, the grievant shall be advised of their right to file an ADA complaint with the U.S. Department of Justice Civil Rights Division.

U.S. Department of Justice 950
Pennsylvania Avenue NW Civil
Rights Division
Disability Rights Section 1425 NYAV
Washington, DC 20530
FAX: (202) 307-1197
Online: www.ada.gov

CLARK COUNTY DISTRICT COURT
ADA COMPLAINT - GRIEVANCE FORM

GRIEVANT NAME: _____

DESIGNEE NAME (If applicable): _____

Designee relationship to grievant (if applicable): _____

CONTACT INFORMATION: Grievant: ___ Designee: ___ (Check one)

Address: _____

Phone: _____ Email: _____

DETAILED DESCRIPTION OF SPECIFIC GRIEVANCE: Include all known details such as date, location, circumstance, persons involved, witness, etc. (Use additional paper if necessary. Attach any other information which you believe is pertinent).

REMEDY REQUESTED: (Use additional paper if necessary)

Grievant or Designee Signature / Date _____

Send to: ADA Coordinator
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