# **Appendix E**

## Forms and Notices

Grievance Procedure Notice of Non-Discrimination

#### EXTERNAL COMPLAINT OF DISCRIMINATION

#### **INSTRUCTIONS:**

The purpose of this form is to help any person interested in filing a discrimination complaint with the **Clark County Government**. You are not required to use this form. You may write a letter with the same information, sign it, and return it to the address below. All bold items must be completed for your complaint to be investigated. Failure to provide complete information may impair the investigation of your complaint.

Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulations (Title VI) prohibit discrimination on the basis of race, color, national origin, sex, age, disability/handicap, or income status in connection with programs or activities receiving federal financial assistance for the United States Department of Transportation, Federal Highway Administration, and/or Federal Transit Administration. These prohibitions extend to the Clark County Government as a sub-recipient of federal financial assistance.

Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. Complaints may also be filed using alternative formats such as computer disk, audiotape, or Braille.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to the **Clark County Government**. Additionally, you have the right to seek private counsel.

The **Clark County Government** is prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI or other nondiscrimination authorities.

Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address below.

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

\*\*Your complaint cannot be processed without your signature

## **External Complaint Form**

	COMPLAINANT II	NFORMATION	
Name (first, middle, and last)			
Address (number and street, city, state and ZIP co	ode)		
Home telephone number ( ) -	Work telephone number		Cellular telephone number
Name of complainant			Date (month, day, year)
PERSON / A Name (first, middle, and last)	AGENCY YOU BELIEVE		INST YOU
	1	itle	
Name of company			
Address (number and street, city, state and ZIP co	,		,
Home telephone number ( ) -	Work telephone number ( ) ~		Cellular telephone number ) -
When was the last alleged discriminatory			
Complaints of discrimination must be file discrimination occurred more than 180 da	d within 180 days of the ays ago, please explain y	date of the alleged dis	scriminatory act. If the alleged act of scomplaint.
		·	· :
			***************************************
			· · · · · · · · · · · · · · · · · · ·
The alleged discrimination was based on:	: Gender ☐ Nationa	l Origin 🔲 Disabilit	y 🗌 Age 🔲 Retaliation
Describe the alleged act(s) of discriminati	ion. (Use additional page	s, if necessary.)	
***************************************			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
· .			
	************************		
		,	
. *************************************	******		***************************************

Name of complainant			Date (month, day, year)		
	1 11/4 1 2 24 21		F. D. C.		
Provide the names of any individuals with additional information regarding your complaint:  Name of witness 1 (first, middle, and last)    Title					
Name of company			, d=440		
Address (number and street, city, state and ZIP co	de)				
Home telephone number	Work telephone number	Cellular telephone number			
Include a brief description of the relevant info	rmation the witness ma	ay provide to support yo	our complaint of discrimination.		
,					
	***************************************				
Name of witness 2 (first, middle, and last)		Title	,		
Name of company			•		
Address (number and street, city, state and ZIP co	de)				
Home telephone number	Work telephone number		Cellular telephone number		
( ) -	( ) -	•	Celidial relephone flumber		
Include a brief description of the relevant info	rmation the witness ma	ay provide to support yo	our complaint of discrimination.		
Name of witness 3 (first, middle, and last)		Title			
		1100			
Name of company					
Address (number and street, city, state and ZIP co	de)				
Home telephone number	Work telephone number		Cellular telephone number		
Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.					
Thomas a bliot accompany of the following		zy provido to oupport y	our complaint of alcommittation,		
How would you like your complaint to be resolved?					
			***************************************		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	<del> </del>		titus to the second sec		

Name of comptainant	Date (month, day, year)			
Have you filed a complaint alleging the same discrim	ination with another state or fe	deral agency? 🔲 Yes 🔲 No		
If yes, please provide the following information for ea	ich agency:			
Name of the agency		Date complaint filed (month, day, year)		
Case number assigned to your complaint	Current status of you	f your complaint		
How did you learn about your right to file a discrimina	ation complaint with INDOT?			
		***************************************		
		·		
Signature		Date signed (month, day, year)		

#### § 36.16 AMERICANS WITH DISABILITIES ACT; NOTICE PROVISIONS.

- (A) Notice under the Americans with Disabilities Act (ADA).
- (1) Adoption. The county adopts the 2010 Americans with Disabilities Act Standards for Accessible Design and the 2005 Guidelines for Accessible Public Rights. In accordance with the requirements of Tile II of the Americans with Disabilities Act of 1990 (ADA), Clark County, Indiana will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.
- (2) *Employment*. The county, does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.
- (3) Effective communication. The county will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in county programs, services, and activities including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.
- (4) *Modification to policies and procedures*. The county will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in county offices, even where pets are generally prohibited.
- (5) Contacts to request modifications prior to a scheduled event. Anyone who requires an auxiliary air or service for effective communication, or a modification of policies or procedures to participate in program, service, or activity of the county should contact the County Engineer, 812-285-6286, as soon as possible but no later than 48 hours before the scheduled event.
- (6) When county not required to take action. The ADA does not require the county to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.
- (7) Complaints. Complaints that a program, service, or activity of the county is not accessible to persons with disabilities should be directed to the County Engineer, 812-285-6286.
- (8) No surcharges to cover costs for auxiliary aids/services. The county will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.
  - (B) County Grievance Procedure Under The Americans with Disabilities Act.
- (1) 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 county. The county's personnel policy governs employment-related complaints of disability discrimination.
- (2) 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 to persons with disabilities upon request.
- (3) The complaint should be submitted by the grievant and/or his or her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Clark County Engineer

501 E. Court Ave.

Jeffersonville, IN 47130

- (4) Within 30 calendar days after receipt of the complaint, the County Commissioners Office or a representative of the County Commissioners will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting, the County Engineer or his or 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 the county and offer options for substantive resolution of the complaint.
- (5) All written complaints received by the County Commissioners representative or his or her designee or the County Engineer's office or his or her designee, and responses from these two offices will be retained by Clark County for at least three years.

(Res. 8-2013, passed 10-24-2013)

## **ADA Accommodations**

tulamin

## **Notice under The Americans with Disabilities Act**

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA"), the Clark Circuit Courts will not discriminate against qualified individuals with either physical or mental disabilities in its services, programs, or activities.

### **Employment:**

The Clark Circuit Courts do not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA.

#### **Effective Communication:**

The Clark Circuit Courts will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the Clark Circuit Court's programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

#### **Modifications to Policies and Procedures:**

The Clark Circuit Courts will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in the Clark Circuit Court's offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the Clark Circuit Court should contact the office of the Court Administrator/ADA Coordinator as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the Clark Circuit Courts to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of the Clark Circuit Courts is not accessible to persons with disabilities should be directed to the Court Administrator/ADA Coordinator:

Jill Acklin

Court Administrator and ADA Coordinator for the Clark Circuit Courts 501 E. Court Ave.

Jeffersonville, IN 47130 jacklin@co.clark.in.us

The Clark Circuit Courts will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

## ADA ACCOMMODATIONS IN THE INDIANA COURTS

Indiana Courts are committed to providing all people with equal access to the courts. To this end, it strives to make reasonable accommodations for court users with disabilities consistent with the requirements of the Americans with Disabilities Act (ADA) and Indiana Code 34-45-1-3 which provides, "Every person who cannot speak or understand the English language or who because of hearing, speaking or other impairment has difficult in communicating with other persons, and who is a party to or a witness in a civil proceeding is entitled to an interpreter to assist the person throughout the proceeding."

If you have a disability and anticipate needing an accommodation, please contact the Court Administrator. It is recommended that you make your request at least 10 days prior to the date you need your accommodation, if possible. All requests for accommodation will be given due consideration and if necessary may require an interactive process between the requester and the court to determine the best course of action.

If you believe your request for accommodation to your local court has been denied and you have been excluded from participating in any court program because of this denial, you may contact the ADA Coordinator for Indiana Supreme Court using the contact information below:

Heather Falks
ADA Coordinator for Indiana Supreme Court
Office of Judicial Administration, Office of Personnel & Operations
251 N. Illinois Street, Suite 1600
Indianapolis, IN 46204
heather.falks@courts.in.gov