

APPENDIX C

PERRY COUNTY'S GRIEVANCE POLICY AND PROCEDURE, GRIEVANCE FORM, AND COMPLAINT LOG

PERRY COUNTY, INDIANA GRIEVANCE POLICY AND PROCEDURE

GRIEVANCE POLICY

In accordance with the requirements of Title VI of the Civil Rights Act of 1964 (Title VI), Title II of the Americans with Disabilities Act of 1990 (ADA), and applicable amendments, laws, executive orders, and regulations, Perry County will not discriminate against persons based on race, color, national origin, sex, sexual orientation, gender identity, age, religion, income status, limited English proficiency, or disability. Perry County is committed to ensuring that all people, including individuals with disabilities, are able to take part in and benefit from the variety of public services and activities offered by the County.

GRIEVANCE PROCEDURE

Title VI and the ADA require public entities to adopt and publish grievance procedures to assure prompt and equitable resolution of any grievance regarding discrimination. The purpose of this grievance procedure is to resolve as promptly as possible any problems, grievances or conflicts related to the County's compliance without the need for the grievant to resort to other remedies available under the law.

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1. Who may file a grievance?

An individual who feels that he or she has been subjected to discrimination may file a grievance. A representative may also file the grievance on the individual's behalf.

2. When should the grievance be filed?

Before filing a grievance, the grievant and/or representative may seek an informal resolution by contacting the applicable department head. If the concern is not resolved in a timely fashion, the grievant or representative may file a formal grievance under this procedure.

A formal grievance should be filed as soon as possible and no later than 90 calendar days after the alleged discrimination.

3. What should the grievance include?

A formal grievance should be in writing and contain the following information about the alleged discrimination:

- Name of the grievant,
- Contact information (address, telephone number, e-mail address),
- Basis for the allegation (i.e. race, color, age, disability, etc.),
- A detailed description of the alleged discrimination (who, how, when, where & why you believe you were discriminated against, including the location(s), names(s), and contact information of all witnesses, if applicable),
- Signature of the grievant, and
- Any other information that is deemed significant.

Whenever possible, the Perry County Grievance Form should be used.

Assistance may be given in filing the grievance for people with disabilities. Please contact the Perry County ADA & Title VI Coordinator to request assistance.

4. Where should I file my grievance?

The grievance may be submitted in person or mailed to the ADA & Title VI Coordinator at the following address:

ADA & Title VI Coordinator
c/o Administration Office
Perry County Courthouse
2219 Payne Street
Tell City, IN 47586

For assistance please call 812-547-2758.

A grievance is considered complete when all necessary information is provided in writing and is signed. The ADA & Title VI Coordinator will notify the grievant in writing if the grievance is incomplete and allot 15 calendar days for the grievant to respond and provide the information needed to complete the grievance.

5. What happens after my grievance is filed?

Within 30 calendar days after receipt of a completed grievance, the ADA & Title VI Coordinator or his/her duly designated investigator will perform an investigation. The investigation may include meeting or speaking with the grievant and any other person(s) the investigator believes to have relevant knowledge concerning the grievance to discuss possible resolutions if applicable.

If Perry County does not have sufficient jurisdiction to investigate the grievance, the ADA & Title VI Coordinator will refer the grievant to the appropriate local, state or federal agency holding such jurisdiction. In such cases the ADA & Title VI Coordinator will notify the grievant in writing that

the grievance is outside the County's jurisdiction and where it has been referred for further handling.

6. When will I receive a response?

The ADA & Title VI Coordinator or his or her duly designated investigator will review the factual information and evidence gathered, and a written response will then be issued to the grievant within 60 calendar days after the investigation began.

7. What happens if I am not satisfied with the response?

If the grievant is not satisfied with the response, he or she has the right to appeal. An appeal request must be submitted within 15 calendar days after receipt of the response. The appeal request must be submitted in writing to the ADA & Title VI Coordinator, and it must state the reason(s) for the appeal request.

Within 30 calendar days after receipt of the appeal request, the ADA & Title VI Coordinator will meet with the Perry County Commissioners to form a special appeal committee which shall have the authority to negotiate a settlement on behalf of the County.

After formed, the committee will meet within 30 calendar days and make a determination. The grievant will then be notified in writing of the determination. If the grievant is not satisfied with the results of the appeal, the grievant may file a grievance with the appropriate agency of the State or Federal government. The U.S. Department of Justice Civil Rights Division may be contacted at (888) 736-5551.

Using the Perry County Grievance Procedure is not a prerequisite to pursuing assistance from other agencies. However, in the interest of a prompt resolution of the grievance, Perry County strongly encourages you to use this procedure before any of the other available alternatives.

Perry County will keep all grievances and appeals for a minimum of three (3) years.

**PERRY COUNTY, INDIANA
GRIEVANCE FORM**

Instructions: Please fill out this form completely in blue or black ink or type. Sign and submit to the ADA & Title VI Coordinator, c/o Administration Office, Perry County Courthouse, 2219 Payne Street, Tell City, IN 47586. For assistance please call 812-547-2758.

THIS FORM IS OPTIONAL AND IS PROVIDED FOR YOUR CONVENIENCE.

Grievant Name: _____

Address: _____ E-mail: _____

Home Telephone: _____ Work: _____ Cell: _____

If an authorized representative is filing this grievance on behalf of another person, his/her personal information must also be included:

Representative Name: _____

Address: _____ email: _____

Home Telephone: _____ Work: _____ Cell: _____

Please tell us why you believe the discrimination occurred: Race, Color, Gender, Age, Disability, National Origin, Other (Specify): _____

Date of Incident: _____ Time of Incident: _____

Location or Address of Incident: _____

Describe your grievance: _____

What type of corrective action would you like to see be taken? _____

If the incident involved a Perry County employee, please list his/her name: _____

Names and contact information of witnesses: _____

If your grievance is being filed on behalf of another person or group of people, all grievants must be identified by name: _____

Grievant Signature: _____ **Date:** _____

Authorized Representative Signature: _____ **Date:** _____

**PERRY COUNTY
COMPLAINT LOG**

Name, Address, & Contact Information	Date Reported	Basis of Complaint	Disposition of Complaint	Date Completed