



CATAWBA COUNTY

AMERICANS WITH DISABILITIES ACT GRIEVANCE COMPLAINT FORM

In accordance with the requirements Section 504 of the Rehabilitation Act of 1973 (the "Act"), Title II of the American with Disabilities act of 1990 ("ADA") and the applicable implementing regulations (collectively "Regulations"), Catawba County will not discriminate against qualified individuals with disabilities in its facilities, services, programs or activities.

Note: the following information is necessary to assist the County in processing alleged violation of the Regulations. If any person interested in filing a grievance complaint ("Grievance") needs assistance (including sign language assistance, documents in Braille or other ways of making information and communications accessible) please contact the Catawba County's HR Director, ADA Coordinator, Cynthia Eades at:

Email: CLEades@catawbacountync.gov

Phone: 828-465-8253

Office hours of ADA Coordinator are Monday-Friday, 8:00 a.m. – 5:00 p.m.

To file a Grievance, please **mail** this form to:

ADA Coordinator, Cynthia Eades
Catawba County Government Center
25 Government Drive
Post Office Box 389
Newton, NC 28658

GRIEVANCE COMPLAINT

Please fill out all questions listed below:

I. Identifying information.

A. Date of incident resulting in Grievance: _____

B. Complainant's name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____ Email: _____

C. Person discriminated against (if someone other than Complainant).

Name: _____

Address: _____
City: _____ State: _____ Zip Code: _____
Daytime phone number: _____ Email: _____

II. Information about Catawba County Service, Program or Activity in violation of Americans with Disabilities Act or Section 504 of the Rehabilitation Act of 1973.

- A. Please provide the following information about the Catawba County agency, facility, department, or program that this Grievance is about:

Name of agency/facility/department/program: _____

Address: _____

City: _____ State: _____ Zip Code: _____

- B. In your own words, describe the circumstances leading to this Grievance. Please describe, what happened and who was responsible. If possible, provide names of the individuals involved. For additional space, attach additional sheets of paper as necessary.

- C. If not already provided above, where did the incident take place? Please provide as much information about the facility/ location of this incident as possible.

- D. Were there any witnesses to the incident? (circle) YES / NO. If yes, please provide as much information as possible about any witness(es), attach additional sheets of paper as necessary.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____ Email: _____

- E. Have you filed or intend to file a grievance or complaint about this same incident with any other federal, state or local governmental agency or with a federal or state court?

Please circle: Yes or No.

- F. If you answered "Yes" to the last question, please provide the contact information of the person with the agency/court/other:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime phone number: _____ Email: _____
Date filed: _____

Please provide the contact information of your representative, counsel, or individual if any who assisted you in filing the complaint:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime phone number: _____ Email: _____

- G. Please provide any additional information that you believe would assist with an investigation, attach additional sheets of paper as necessary.

- H. Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

****WE CANNOT ACCEPT AN UNSIGNED GRIEVANCE.** Please sign the grievance in the space provided below and date. Attach any documents you believe may support your Grievance.

Complainant's Signature

Date

NOTICE: Grievance Complaints must be filed within five (5) working days after the Complainant becomes aware of the violation and addressed to the Human Resources Director, ADA Coordinator, Catawba County Government Center, P.O. Box 389, 25 Government Drive, Newton, NC 28658. If you have questions or need assistance in completing this form, the Human Resources Director, ADA Coordinator may be reached by calling the Human Resources Department at (828) 465-8383. A Grievance is "filed" when it is placed in an envelope, postage pre-paid, and mailed by first-class mail, or other class of mail that is at least as expeditious; or is dispatched to a third-party commercial carrier for delivery to the address designated by this Procedure for service within three (3) days.

