



Deschutes County Administrative Policy No. GA-13

Effective Date: October 27, 2004

Reissued: March 4, 2019

Reissued: March 1, 2023

**AMERICANS WITH DISABILITIES PUBLIC NOTICE
AND GRIEVANCE PROCEDURE**

A. STATEMENT OF POLICY

The purpose of this policy is to adopt Americans with Disabilities (ADA) requirements of selecting an ADA Coordinator and adopting Department of Justice Public Notice and Grievance language. In any case, Deschutes County values inclusiveness and is committed to providing programs and services that are free of all forms of discrimination based on factors that include, but are not limited to, race, ethnicity, age, disability status, sexual orientation, and gender identity.

B. APPLICABILITY

All departments/offices and all County locations.

C. POLICY AND PROCEDURE

The County adopts the attached Americans with Disabilities Grievance Procedure and Public Notice. Deschutes County selects its Risk Manager as the ADA Coordinator.

- A. Public Notice- In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990, Deschutes County will not discriminate against individuals with disabilities on the basis of disability in Deschutes County's services, programs, or activities.

- B. Grievance Procedure - The Grievance Procedure attached hereto and incorporated, is established to meet the requirements of the Americans with Disabilities Act of 1990. 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 Deschutes County.

- C. ADA Coordinator - Deschutes County selects the Risk Manager to coordinate ADA activities and to serve as the primary contact for ADA issues.

Approved by the Deschutes County Board of Commissioners on October 27, 2004 and reissued on March 4, 2019 and March 1, 2023.



Nick Lelack
County Administrator



If this policy is needed in another language or format, please call 541-388-6570.

Si se necesita esta política en un idioma o formato diferente, por favor llame a 541-388-6570.



DESCHUTES COUNTY, OREGON NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990, Deschutes County will not discriminate against individuals with disabilities on the basis of disability in Deschutes County's services, programs, or activities.

Employment: Deschutes 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 Americans with Disabilities Act (ADA).

Effective Communication: Upon request, Deschutes County will provide reasonable aids and services leading to effective communication for persons with disabilities so they can participate equally in the County'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: Deschutes County will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all County programs, services, and activities. For example, individuals with service animals are welcomed in County 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 County program, service, or activity, should contact the ADA Coordinator at 388-6584 or his/her designee at 617-4747, as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require Deschutes County 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 County program, service, or activity is not accessible to persons with disabilities should be directed to the ADA Coordinator.

Deschutes 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.



DESCHUTES COUNTY, OREGON 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. 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 Policies govern employment-related complaints of disability discrimination.

The complaint should be filed in writing using the ADA Complaint form in Appendix A. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or their designee as soon as possible but no later than 60 calendar days after the alleged violation to:

**ADA Coordinator
Administrative Services Department
1300 NW Wall Street
Bend, Oregon 97703
(541) 388-6584 or (541) 617-4747**

Or emailed to: accessibility@deschutes.org

Within 15 calendar days after receipt of the complaint, the **ADA Coordinator** or their designee will contact or meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the contact, the **ADA Coordinator** or their designee will respond in writing, and where appropriate, in 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.

Disputes: If the response by the **ADA Coordinator** or their designee does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the ADA Coordinator's response within 15 calendar days after receipt of the response to the **County Administrator** or their designee.

Within 15 calendar days after receipt of the appeal, the **County Administrator** or their designee will meet with the complainant to discuss the complaint and possible

resolutions. Within 15 calendar days after the meeting, the **County Administrator** 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 the **ADA Coordinator** or their designee, appeals to the **County Administrator** or their designee, and responses from these two offices will be retained by the County for at least three years.

Deschutes County prefers that complaints and disputes be filed directly with the County such to expedite a response. However, complaints and disputes can also be filed with:

Office for Civil Rights
U.S. Dept. of Health and Human Services
2201 Sixth Avenue- Mail Stop RX-11
Seattle, Washington 98121-1831
1-800-368-1019
TDD: 1-800-537-7697

If you are a member of the Oregon Health Plan you have the additional option of:

Contacting your managed care plan or Oregon Health Plan Ombudperson
Office 1-800-442-5238

**DESCHUTES COUNTY
ADA COMPLAINT FORM**

CONSOLIDATED CIVIL RIGHTS COMPLAINT FORM

Your Name	Phone	Alternative Phone
Street Address	City, State	Zip Code

Person(s) discriminated against (if different than the preparer of this form)		
Street Address	City, State	Zip Code

I believe that I (or the person(s) listed above) has been discriminated against on the basis of:					
<input type="checkbox"/>	Race (Title VI)	<input type="checkbox"/>	Color (Title VI)	<input type="checkbox"/>	National Origin (Limited English Proficiency) (Title VI)
<input type="checkbox"/>	Disability (ADA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the alleged discrimination incident. Provide the names and titles of all employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if more space is required. **NOTE: This form consolidates information required by multiple federal civil rights programs. Information will be shared based on the type of discrimination identified above. Title VI of the Civil Rights Act covers Race, Color, and National Origin complaints ONLY. Americans with Disabilities Act covers Disability complaints.**

Date of Incident:

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Have you filed this complaint with any other federal, state, or local agency?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, Agency Name				
Agency Address				
Agency Contact Name (if available)				

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature: _____ Date: _____

Print Name: _____

The form may be hand delivered, mailed, or emailed:

Hand deliver to:

ADA Coordinator
 Administrative Services Department
 Deschutes County
 1300 NW Wall Street
 Bend, OR 97703

Mail to:

ADA Coordinator
 Administrative Services Department
 Deschutes County
 PO Box 6005
 Bend, OR 97703

Email to: accessibility@deschutes.org

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