



ARLINGTON COUNTY, VIRGINIA

GRIEVANCE PROCEDURES FOR COMPLAINTS OF DISCRIMINATION ON THE BASIS OF DISABILITY, RELATED TO PROGRAM ACCESSIBILITY AND PHYSICAL ACCESSIBILITY AS COVERED BY THE AMERICANS WITH DISABILITIES ACT (ADA)

I. AUTHORITY

The Americans with Disabilities Act (ADA) requires that public entities establish a procedure whereby individuals can make complaints of discrimination based on disability status in admission to, access to, and treatment in programs, services and activities provided by the public entity. This requirement is contained in title II of the ADA, 28 CFR 35.107, entitled “Non-Discrimination on the Basis of Disability in State and Local Government Services.” (In accordance with federal law, a complaint alleging discrimination based on an individual’s disability status may also be filed directly with an appropriate federal agency.)

II. PURPOSE AND COVERAGE

- A.** The following complaint procedure provides an avenue for prompt and equitable resolution of complaints alleging discrimination on the basis of disability in the County provision of programs, services and activities.
- B.** This provision must be used by individuals who wish to file complaints with the County based on ADA Title II and/or Section 504 of the Rehabilitation Act of 1973, as amended. ADA complaints under Title I-Employment should be referred to the Arlington County Human Rights Office.

- C. Any individual who believes that he or she or a specific class of individuals has been subjected to discrimination on the basis of disability by a public entity may, by him or herself or by an authorized representative, file a complaint using this form. Also covered are individuals who have a relationship or association with a person with a disability.

III. PROCEDURE

- A. All complaints should be submitted in writing on a County complaint form, which is available from the Section 504/ADA Coordinator. Other arrangements for submission of a complaint, such as an in-person interview or tape recording in lieu of a written complaint, shall be made available upon request by persons who have difficulty using a written format. The complaint must contain as much information as possible about the alleged discrimination , including the complainant’s name, address, and day-time phone number.

- B. The complaint shall be submitted in writing or by alternate format either by mail or in person within 180 calendar days of the alleged discriminatory act to:

Arlington County Office of the County Manager,
Division of Human Rights, EEO and ADA
Section 504/ADA Coordinator
2100 Clarendon Boulevard, Suite 318
Arlington , VA 22201
703-228-7096 V/TTY
703-228-4390 (FAX)

- C. The Section 504/ADA Coordinator shall be responsible for coordinating the grievance procedures process in conjunction with the Department Head or other designee of the Department named in the complaint. The Coordinator shall assist in investigating the complaint and in consulting with staff from the County Attorney’s Office and the

Department named in the complaint. Consultation activities may also include the Human Rights Office; other County offices, as deemed necessary; and with the permission of the complainant, the County Disability Advisory Commission. The Coordinator shall notify the complainant in writing (or in some other mutually agreed upon format) within 10 working days of the receipt of the complaint that the complaint has been received and is under review.

- D.** After the investigation is complete, the Coordinator shall meet with the Department Head or Department designee to discuss recommended action and to coordinate a response. This process shall be completed within forty-five (45) working days of receipt of the complaint, unless an extension is warranted. The complainant shall be notified within thirty (30) working days of the receipt of the complaint if an extension is necessary. The response shall be provided by the Department Head or designee in writing or by another method acceptable to the complainant. The response shall decide the complainant by offering a resolution of the complaint and/or explaining the position of the County with respect to the complaint. The Coordinator shall provide the County Manager with a copy of the response.
- E.** All of the above filing dates and timelines may be adjusted by mutual consent of the parties.
- F.** If a complainant is dissatisfied with the Department's response, an appeal may be made within thirty (30) calendar days to the County Manager. A request for appeal must be made in writing or an alternative format and must include specific reasons as to why an appeal is being requested. Send written appeals to:

County Manager's Office
2100 Clarendon Blvd., Suite 302
Arlington, VA 22201

- G.** All information from the Section 504/ADA Coordinator and the Department pertaining to the complaint is then turned over to the County Manager. The County Manger or designee will determine if the decision is reasonable and if the appeal should be sustained based on this review, considering relevant laws, legal precedents and regulations. The County Manager or designee will issue a written decision or decision an alternate format with in thirty (30) calendar days of the receipt of the appeal request.
- H.** In lieu of or in addition to an appeal, the complainant may at this stage file with the appropriate federal agency if the complainant has not yet done so.
- I.** All complaints filed with the County and all response to such complains shall be kept on file by the Section 504/ADA Compliance Officer for a period of five (5) years from the date of the initial filing of the complaint.



**COMPLAINT OF DISCRIMINATION ON THE BASIS OF DISABILITY
AGAINST ARLINGTON COUNTY, VIRGINIA**

This form may be used by any individual who believes he or she has been discriminated against by Arlington County Government on the basis of disability in the areas of physical access, program access, and/or communication access. Complaints on behalf of classes of individuals are also permitted.

Information requested on this form must be complete in order to help us expedite processing your complaint. If you need assistance in completing this form or if you have questions regarding your rights and protections under this complaint procedure, please contact us at the number below. This form shall be submitted with in 180 days of the alleged discrimination to:

**County Section 504/ADA Coordinator
Office of the County Manager
Division of Human Rights, EEO and ADA
2100 Clarendon Boulevard, Suite 318
Arlington, VA 22201
703-228-7096 (V/TTY)
703-228-4390 FAX**

1) NAME OF COMPLAINANT:

2) ADDRESS OF COMPLAINT:

Street Address

City	State	Zip Code
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3) NAME AND ADDRESS OF AGGRIEVED PARTY (IF DIFFERENT FROM COMPLAINANT): _____

4) COMPLAINANT'S TELEPHONE NUMBER FOR CONTACT DURING THE DAY:
(____) _____

5) NAME OF RESPONDENT: Arlington County Government, Virginia

6) DEPARTMENT OR AGENCY:

7) ADDRESS:

8) DATE OF INCIDENT(S) GIVING RISE TO THIS COMPLAINT:

9) STATEMENT OF COMPLAINT: (include all facts upon which the complaint is based. Use additional sheets if needed.)

12) HAS THE COMPLAINANT FILED A COMPLAINT REGARDING THIS MATTER WITH ANY OTHER ORGANIZATION(S)? IF YES, PLEASE LIST THE ORGANIZATION(S) AND ADDRESS(ES):

I AFFIRM THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OR MARK OF AGGRIEVED PARTY

DATE

SIGNATURE OF COMPLAINANT (IF DIFFERENT)

DATE

(for Agency use)

I AFFIRM THAT THE COMPLAINT WAS RECEIVED ON _____

DATE

SECTION 504/ADA COORDINATOR