

Agenda Action Form

DATE: March 29, 022
TO: Board of County Commissioners
FROM: Chanda Johnson, Human Resources Director
RE: **Adopting a Grievance Procedure and Designating an ADA Coordinator**

The administrative requirements of Title II of the Americans with Disabilities Act (ADA) mandates Gilpin County to designate an ADA coordinator, give notice about the ADA's requirements, and establish a grievance procedure.

In August 2021, the Board of County Commissioners adopted a grievance procedure and designated responsible parties to coordinate and comply with the requirements under the ADA. The title of the designated responsible employee is no longer valid.

Financial Impact: none

Requested Action by the Board of County Commissioners:

- Approve the attached resolution and grievance procedure as presented.
- An updated grievance procedure needs to be adopted via resolution assigning Chanda Johnson, ADA Coordinator responsibilities as part of the HR Director's job duties.



GILPIN COUNTY 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 ("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 Gilpin County. Gilpin County's Personnel Policy governs employment-related complaints of disability discrimination.

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 for persons with disabilities upon request.

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

Chanda Johnson
ADA Coordinator, Human Resources Director
P.O. Box 366 Central City, CO 80427
crjohnson@gilpincounty.org
303-515-4375

Within 15 calendar days after receipt of the complaint, the Human Resources Specialist or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the Human Resources Specialist or his/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 Gilpin County and offer options for substantive resolution of the complaint.

If the response by the Human Resources Director or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the County Manager or his/her designee.

Within 15 calendar days after receipt of the appeal, the County Manager or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the County Manager or his/her 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 Human Resources Director or his/her designee, appeals to the County Manager or his/her designee, and responses from these two offices will be retained by Gilpin County for at least three years.



Gilpin County Title II Americans with Disabilities Act (ADA) Complaint Form

Instructions: Please fill out this form completely. Name and contact information must be provided. Please note that this ADA notification procedure is for facilities, services and programs owned and/or operated by the County of Gilpin.

if you have questions about this form, need an accommodation or require a different format, please contact Human Resources at (303) 515-4375 or send an email to gilpincountyhr@gilpincounty.org.

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Preferred method of Contact: Phone Email Mail

PROVIDE A DETAILED EXPLANATION OF THE ACCESSIBILITY BARRIER OR DISCRIMINATION COMPLAINT
(Explain as clearly as possible what happened and why you believe you were discriminated against. Please also include the date of the incident if different from date complaint is being filed. List all persons who were involved.)

Complainant Signature

Date

Sign and return the completed form to:

By mail: ADA Coordinator c/o Chanda Johnson, Human Resources Director

P.O. Box 366 Central City, CO 80427

criohanson@gilpincounty.org

BEFORE THE BOARD OF COUNTY COMMISSIONERS
COUNTY OF GILPIN

RESOLUTION ADOPTING A GRIEVANCE PROCEDURE AND DESIGNATING AN ADA
COORDINATOR TO COMPLY AND CARRY OUT THE COUNTY'S RESPONSIBILITIES
UNDER THE AMERICANS WITH DISABILITIES ACT.

WHEREAS, the Americans with Disabilities Act (ADA), P.L. 101-336, 42 U.S.C.S. §12101, et. seq., was signed into law on July 26, 1990; and

WHEREAS, the County of Gilpin desires to update its grievance procedure to be consistent with the provisions of the Americans with Disabilities Act of 1990, current law and county personnel practices.

NOW, THEREFORE, BE IT RESOLVED:

- 1. The Board of County Commissioners of Gilpin County hereby adopts the attached Gilpin County Americans with Disabilities Act Grievance Procedure, as required by 28 C.F.R. §35.107. This resolution replaces Resolution 21-10
- 2. The Board of County Commissioners designate the HR Director as the ADA Coordinator as required under 28 C.F.R. §35.107.

ADOPTED this 5th day of April, 2022, by a vote of _____ to _____ .

ATTEST:

Sharon Cate, Deputy County Clerk

Sandy Hollingsworth, Chair,
Board of County Commissioners

ACKNOWLEDGEMENT

STATE OF COLORADO)
)ss.
COUNTY OF GILPIN)

Sandy Hollingsworth, Chair, and Sharon Cate, Deputy County Clerk, County of Gilpin, acknowledged the foregoing Resolution before me this _____ day of _____, 2022.

My commission expires: _____

Witness my hand and official seal.

Notary Public