

Americans with Disabilities (ADA)

Auxiliary Aids and Services for Persons with Disabilities

In accordance with the requirements of Title II of the Americans with Disabilities Act ("ADA") and Section 504, Harrison County does not discriminate on the basis of disability in its programs, services, or activities.

Employment

Harrison 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 ADA.

Effective Communication

Harrison County will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the County's programs, services, and activities. Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of Harrison County, should contact the office of the ADA Coordinator as soon as possible but no later than 48 hours before the scheduled event.

Modifications to Policies and Procedures

Harrison County will make all reasonable modifications to policies and procedures to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcome in Harrison County offices, even where pets are generally prohibited.

Please note that the ADA does not require Harrison County to take any action what would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

Complaints that a Harrison County government facility, activity or program or service is not accessible to persons with disabilities should be directed to the ADA Coordinator.

- The complaint should be in writing and contain information about the alleged violation.
- The complaint must contain the name, address, and phone number of the complainant and the location, date, and description of the problem.
- A complaint may be sent by post or email. 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 or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to: ADA Coordinator Harrison County

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Complaint / Grievance Submittal Guidelines

Harrison County has an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the United States Department of Justice regulations implementing Title II of the Americans with Disabilities Act ("ADA"). Title II states, in part, that "no otherwise qualified disabled individual shall, solely, by reason of such disability, be excluded from participation in, be denied the benefits of or be subjected to discrimination" in programs or activities sponsored by a public entity.

A complaint may be filed orally or in writing

An oral complaint will be reduced to writing by the ADA Coordinator and should be provided to the complainant for signature. The complaint should identify the name of the person filing it (the complainant) as well as the complainant's address, and briefly describe the alleged violation of the regulations under Title II of the ADA.

Submitted within 10 business days

A complaint should be filed within ten (10) business days after the complainant becomes aware of the alleged violation. In cases of employment related ADA complaints, the procedures established by the Grievance Procedure for Harrison County employees will be followed where applicable.

Complaint investigation

An investigation, as may be appropriate, will follow the filing of a complaint. The investigation shall be conducted as directed by the ADA Coordinator. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.

Validation of the complaint

A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the ADA Coordinator. A copy shall be forwarded to the complainant no later than twenty (20) working days after its issuance.

Complaint record historically preserved

The ADA Coordinator shall maintain the files and records of Harrison County relating to the complaints filed.

Request a reconsideration

The complainant can request a reconsideration of the case in instances where he or she is dissatisfied with the resolution. The request for reconsideration should be submitted within seven (7) calendar days of the original determination to the ADA Coordinator. The ADA Coordinator shall consider the complainant's request for reconsideration. The request shall be considered denied if no action is taken within ten (10) days after the date the ADA Coordinator received the request for reconsideration.

Prompt and equitable resolution

The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies.

ADA Rules to protect

These rules shall be construed to protect the substantive rights of interested persons to meet appropriate due process standards, and to assure that Harrison County complies with the ADA and implementing regulations.

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Complaint / Grievance Form

Today's Date: _____
Name of Complainant: _____
Complainant's Address: _____
Telephone Number: _____
Email: _____

DISABILITY STATEMENT

I affirm that:

- (1) I am a person with a disability and
- (2) This grievance relates to a Harrison County government service, activity, program, practice, or policy.

DESCRIPTION OF GRIEVANCE

Date of Incident: _____
Location of Incident: _____
Address of Incident: _____
The name of the person I requested an accommodation from was: _____
I was denied the following accommodation: _____

I am seeking access to the following Harrison County program or activity in which I haven't been able to participate because I need an accommodation: _____

INCIDENT OR BARRIER

- Please describe the particular way in which you believe you have been denied the benefits of any services, program, or activity or have otherwise been subjected to discrimination.
- Please specify dates, times, and places of incidents, and names and/or positions of agency employees involved, if any, as well as names, addresses and telephone numbers of any eyewitnesses to any such incident.
- Attach additional pages if necessary.
- Include a description of the way in which you feel access may be had to the benefits described above, or the way in which accommodation could be provided to allow access

Signature: _____
Date: _____