

Effective Date: 09/21/09

# PROCEDURE

Cancels: Res. 046095  
See Also: POL-1001-HR

Approved by: BOCC  
Res. # 069917

## PRO -1001-2- HR

## FILING AN ADA GRIEVANCE

Unless otherwise stated in a union contract, this policy applies to all Whitman County employees, qualified individuals with disabilities and authorized agents.

### Action Taken By:

### Action:

#### Complainant

1. **Files** a complaint with the Whitman County ADA Coordinator within 30 days after becoming aware of the problem.

#### ADA Coordinator

2. **Investigates** the complaint within 15 days of receipt.
3. **Composes** a written determination of the investigation.
4. **Mails** a copy of the determination to the complainant within 30 days following the complaint.
5. **Retains** a copy of the complaint and determination.

#### Complainant

6. If dissatisfied, **requests** a reconsideration to the Board of County Commissioners.

#### BOCC

7. **Conducts** any further investigation needed.
8. **Writes** a decision within 30 days.
9. **Mails** a copy of decision to the complainant.
10. **Directs** the ADA Coordinator to make any necessary changes.