



CARTER 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 **Carter County**. Carter 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:

Gary Smith
ADA Coordinator
801 E. Elk Avenue, Suite 214
Elizabethton, TN 37643

Within 15 calendar days after receipt of the complaint, the ***ADA Coordinator*** or his designee will meet with the complainant to discuss the complaint and the possible resolutions. Within ***15 calendar days*** of the meeting, the ***ADA Coordinator*** or his 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 the **Carter County** and offer options for substantive resolution of the complaint.

If the response by ***Carter County's ADA Coordinator*** 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 **Carter County Mayor** or his designee.

Within ***15 calendar days*** after receipt of the appeal, the **Carter County Mayor** or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within ***15 calendar days*** after the meeting, the **Carter County Mayor** or his 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 **Carter County's ADA Coordinator**, appeals to the **Carter County Mayor** or his designee, and responses from these two offices will be retained by **Carter County** for at least three years.