Americans with Disabilities Act Grievance Form

If you believe that you were denied access to an Ada County Highway District (ACHD) facility, program, or service due to a disability, please contact:

Rachel Chipman, Accessibility Compliance Coordinator
Traffic Engineering Department
Ada County Highway District
3775 Adams Street
Garden City, ID 83714
Phone: (208) 387-6301
Fax: (208) 387-6391
Email: rchipman@achdidaho.org
TTY: (800)-377-3529

Use the written form below for your convenience. Please fill out the form completely in blue or black ink or type. Alternative means of filing complaints, such as personal interviews or an audio recording of the complaint, will be made available to persons with disabilities upon request to the ADA Coordinator. The ADA Coordinator or his designee will contact you to discuss the complaint within 10 days of receipt.

________________________________________________________________________

Reporting Individual’s Name: ___________________________ Date: _________________

Address: ________________________________________________________________

City: __________________ State: ______ Zip: __________

Phone: (_____) _______________________________ Email: ______________________

Person Discriminated Against
(If other than the reporting individual): __________________________________________

Address: ________________________________________________________________

City: __________________ State: ______ Zip: __________

Phone: (_____) _______________________________ Email: ______________________
GRIEVANCE

Access issues generally fall into one of three categories. Please indicate which category best describes your issue:

- **Physical/Architectural Access** – The issue is related to a physical barrier, for example, a wheelchair ramp or curb ramp is needed, sidewalks are damaged and/or inaccessible, counters are too high for wheelchair users, missing braille signage, etc.

- **Programmatic Access** – The issue is related to being able to participate in a program, service, or activity. For example, is there a policy, practice, and/or procedure that you allege does not provide an equally effective opportunity for persons with disabilities to participate in or benefit from ACHD’s programs and services?

- **Communication Access** – The issue is related to communication, including the need for auxiliary aids and services, a sign language interpreter, or Communication Access Real-Time Translation (CART) materials in alternative formats, in order to have equal access to information and communication with an ACHD department’s programs, services, or activities.

Department or program which you believe has discriminated:

Name: ____________________________________________________________

Address: _________________________________________________________

City: ___________________________ State: ___________ Zip: ___________

Phone: (_____) __________________________

When did the discrimination occur? Date/time: _______________________

Describe the acts of discrimination providing the name(s), where possible, of the individual(s) who discriminated (attach additional sheets as necessary):

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
Please state what you think should be done to resolve the complaint or grievance:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you made efforts to resolve this issue directly with staff from the department or program?
Yes___ No___

If yes:
What is the status of the grievance?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Has the complaint been filed with the Department of Justice or any other federal, state, or local civil rights agency or court?
Yes___ No___

If yes:
Agency or Court:
________________________________________________________________________
Contact Person:________________________________________________________________
Address:____________________________________________________________________
City:_________________________ State:_____________ Zip:_____________
Phone: (____) __________________________
Do you intend to file with another agency or court?
Yes___ No___

If yes:
Agency or Court:____________________________________________________________
Contact Person:____________________________________________________________
Address:___________________________________________________________________
City:__________________________ State:___________ Zip:_____________________
Phone: (____)__________________________

______________________________________________
Reporting Individual’s Signature Date

Sign, date, and return to:

RăďŚĞůŚŝƉŵĂŶ, Accessibility Compliance Coordinator, Traffic Engineering Department,
Ada County Highway District, 3775 Adams St., Garden City, ID 83714
Ada County Highway District 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 the Ada County Highway District (ACHD). ACHD'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 an audio recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or their designee as soon as possible but no later than 180 calendar days after the alleged violation to:

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Traffic Engineering Department
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Garden City, ID 83714
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Email: rchipman@achd.idaho.org
TTY: (800)-377-3529

Within 10 calendar days after receipt of the complaint, Rachel Chipman or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Rachel Chipman or her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, braille, or audio recording. The response will explain the position of the Ada County Highway District and offer options for substantive resolution of the complaint.

If the response by Rachel Chipman or her designee does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within 10 calendar days after receipt of the response to the ACHD Director or their designee.

Within 15 calendar days after receipt of the appeal, the ACHD Director or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the ACHD Director or their 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 Rachel Chipman or her designee, appeals to the ACHD Director or their designee, and responses from these two offices will be retained by the Ada County Highway District for at least three years.