



Deschutes County, Oregon

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. 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 County. The County's Personnel Policies govern 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 condition or circumstances. 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:

ADA Coordinator
1300 NW Wall Street, Suite 200
Bend, Oregon 97701
(541) 388-6584 or (541) 617-4747

Within 15 calendar days after receipt of the complaint, the **ADA Coordinator** or his/her designee will contact or meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the contact, the **ADA Coordinator** or his/her designee will respond in writing, and where appropriate, in format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the **County** and offer options for substantive resolution of the complaint.

Disputes: If the response by the **ADA Coordinator** or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the **ADA Coordinator's** response within 15 calendar days after receipt of the response to the **County Administrator** or his/her designee.

Within 15 calendar days after receipt of the appeal, the **County Administrator** 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 Administrator** 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 **ADA Coordinator** or his/her designee, appeals to the **County Administrator** or his/her designee, and responses from these two offices will be retained by the County for at least three years.

Deschutes County prefers that complaints and disputes be filed directly with the County such to expedite a response. However, complaints and disputes can also be filed with:

**Office for Civil Rights
U.S. Dept. of Health and Human Services
2201 Sixth Avenue – Mail Stop RX-11
Seattle, Washington 98121-1831
1-800-368-1019
TDD: 1-800-537-7697**

If you are a member of the Oregon Health Plan you have the additional option of:

**Contacting your managed care plan or
Oregon Health Plan
Omnibudpersons Office
1-800-442-5238**