

**Americans with Disabilities Act (ADA)
ADA Transition Plan for the Public Right-of-Way**



Appendix D

ADA Grievance Procedure and Appeal Forms

May 2024

Prepared by Transportation Solutions, Inc.





Skamania 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 Skamania County. Skamania 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 the 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 their designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Sara Slack, ADA/504 Coordinator/Human Resources Administrator

Mailing Address:

**Skamania County Courthouse
240 NW Vancouver Avenue
P.O. Box 790
Stevenson, WA 98648**

Phone: 509-427-3976

Email: sslack@co.skamania.wa.us

Within 21* calendar days after receipt of the complaint, **Sara Slack** or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 21* calendar days of the meeting, **Sara Slack** or their 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 Skamania County and offer options for substantive resolution of the complaint.

If the response by **Sara Slack** or their designee does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within 21* calendar days after receipt of the response to the **County Board of Commissioners** or their designee.

Within 21* calendar days after receipt of the appeal, the **County Board of Commissioners** or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within 21* calendar days after the meeting, the **County Board of Commissioners** 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 **Sara Slack** or their designee, appeals to the **County Board of Commissioners** or their designee, and responses from these two offices will be retained by Skamania County for at least three years.

*ADA grievance-related correspondence during the first week of the month may require an additional 7 days for processing due to the County's Board of Commissioners meeting schedule.



Skamania County - ADA Grievance Form

Complainant Name:

Designee Preparing Grievance (if different from Complainant):

Designee's Relationship to Complainant:

Street Address & Apt. No.:

City:

State:

Zip:

Phone: ()

E-mail:

Preferred contact method to discuss grievance:

Please provide a complete description of the specific grievance:

Please specify any location(s) related to the grievance (if applicable):

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

Please attach additional pages as needed.

Please do not contact me personally.

Signature: _____ Date: _____

Return to: Skamania County, Sara Slack, ADA Coordinator/Human Resources Administrator, 240 NW Vancouver Avenue, P.O. Box 790, Stevenson, WA 98648 or email to sslack@co.skamania.wa.us.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Sara Slack, ADA Coordinator/Human Resources Administrator, at the address listed above, by e-mail sslack@co.skamania.wa.us, by telephone at 509-427-3976, or 7-1-1 (Washington Telecommunication Relay Service).



Skamania County - ADA Grievance Appeal Form

Complainant Name:

Designee Preparing Grievance (if different from Complainant):

Designee's Relationship to Complainant:

Street Address & Apt. No.:

City:

State:

Zip:

Phone: ()

E-mail:

Preferred contact method to discuss grievance:

PLEASE PROVIDE A DETAILED EXPLANATION OF WHY YOU BELIEVE THE RESPONSE FROM THE COUNTY'S ADA COORDINATOR DID NOT SATISFACTORILY RESOLVE YOUR GRIEVANCE (Please attach a complete copy of your initial grievance and the response resolution letter from the County's ADA Coordinator):

APPEAL REMEDY REQUESTED:

Please attach additional pages as needed.

Signature: _____ Date: _____

Return to: Skamania County, Sara Slack, ADA Coordinator/Human Resources Administrator, 240 NW Vancouver Avenue, P.O. Box 790, Stevenson, WA 98648 or email to sslack@co.skamania.wa.us.

Upon request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats. Contact Sara Slack, ADA Coordinator/Human Resources Administrator, at the address listed above, by e-mail sslack@co.skamana.wa.us, by telephone at 509-427-3976, or 7-1-1 (Washington Telecommunication Relay Service).