

AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE PROCEDURE  
FOR McLEAN COUNTY

SECTION I: APPLICABILITY.

(1.1) The purpose of this policy and procedure is to establish an efficient grievance procedure in compliance with the rules and regulations of the U.S. Department of Health and Human Services and the Department of Justice, i.e. Section 504 of the Rehabilitation Act of 1973 of the Civil Rights Act of 1964, Title II: Section 35.107 as set forth by the Office of Coordination and Review.

SECTION II: AUTHORITY.

(2.1) The McLean County Board, through the Office of the County Administrator, shall be responsible for receiving, reviewing, and processing alleged ADA grievances as may be filed from time to time by individuals who wish to have a particular policy or physical situation reviewed for ADA compliance.

(2.2) The attached standard form will be given to any individual who wishes to file an ADA grievance, or if the complaint is telephoned to a County office, will be completed by the appropriate County employee or Department Head, and immediately forwarded to the Office of the County Administrator for appropriate review and action.

SECTION III: POLICY.

(3.1) It shall be the policy of the County of McLean that no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, or be denied the benefits of, or be subjected to discrimination in programs, services, or activities offered or sponsored by Mclean County.

SECTION IV: GRIEVANCE PROCEDURE.

(4.1) Should an individual feel he or she has been discriminated against solely due to a disability or disability condition, that individual has the right to file a grievance with the County of McLean, if the County of McLean is the local entity which is alleged to have discriminated against said individual.

(4.2) All complaints shall be made in writing, or may be recorded by someone other than the complaining individual if they cannot write. Such complaints shall be filed with the Office of the County Administrator.

(4.3) The complaint form shall include the full name, address, and phone number of the complaining individual and briefly state the nature of the complaint, or description of the alleged violation of the ADA regulations.

(4.4) The complaint must be filed within ten (10) business days after the complainant becomes aware of the alleged violation.

(4.5) The County Administrator shall be responsible for conducting or assigning the investigation into the allegation. Said investigation shall include evidence and statements from those associated with the allegation and may include other documents or evidence as provided following the filing of any ADA grievance. Said investigation will afford all interested persons and/or their representatives, if any, an opportunity to submit evidence relevant to the complaint.

(4.6) Grievances related to employment with the County of McLean which are filed by employment applicants will also be governed by this Ordinance. Grievances related to employment with the County of McLean brought forth by employees who allege, on their own behalf or on the behalf of other employees, a violation of ADA standards, are not subject to this Ordinance.

(4.7) A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the Office of the County Administrator and a copy forwarded to the complainant no later than sixty (60) days after its filing.

(4.8) The Office of the County Administrator shall maintain all records of grievances, complaints, and resolutions, if any, for five (5) years relating to all ADA grievances filed under this Ordinance with the County of McLean.

(4.9) The complainant may request a reconsideration of the written determination made by the Office of the County Administrator, request for same to be filed in writing to the Office of the County Administrator no later than fifteen (15) days after written determination has been sent to the complainant.

(5.0) The right of the person to a prompt and equitable resolution of the grievance filed hereunder shall not be impaired by the person's pursuit of other remedies such as filing of an ADA complaint with the responsible Federal department or agency. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies.

(5.1) This policy and procedure shall be construed to protect the substantive rights of the interested persons to meet appropriate due process standards, and to assure the County of McLean complies with the ADA and implementing regulations.

GRIEVANCE PROCEDURE FORM  
AMERICANS WITH DISABILITIES ACT  
COUNTY OF McLEAN, ILLINOIS

This form is to be used by any person who wishes to file a grievance regarding alleged discrimination under Title II of the Americans with Disabilities ACT (ADA).

After completing this form, please make a copy for your records, and mail it to or drop it off at the Office of the County Administrator, Room 401, Government Center, 115 E. Washington Street, Bloomington, Illinois 61702-2400.

Appropriate responses and resolutions will be processed within sixty (60) days after receipt of this form. Written replies will be sent to the person and address that appears below:

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_

Your City, State, Zip Code: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

(Please include Area Code)

Nature of the complaint, including the particular County office or location, or service or building involved. (Please be as specific as possible.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please use of the back of this form or another sheet of paper as needed.)

\_\_\_\_\_  
Your signature must appear on this line.

Date: \_\_\_\_\_

ADA COORDINATOR  
AMERICANS WITH DISABILITIES ACT  
COUNTY OF McLEAN, ILLINOIS

The name and address of the ADA Coordinator for the County of McLean is:

Mr. Jack E. Moody, CFM  
Director, Facilities Management  
McLean County  
104 W. Front Street – Room 101  
P.O. Box 2400  
Bloomington, Illinois 61702-2400  
(309) 888-5192 Voice  
(309) 888-4120 FAX  
[jack.moody@mcleancountyil.gov](mailto:jack.moody@mcleancountyil.gov)