

ADMINISTRATIVE DIRECTIVE #AD-33

SUBJECT: GRIEVANCE PROCEDURE OF HILLSBOROUGH COUNTY FOR COMPLAINTS ARISING UNDER THE AMERICANS WITH DISABILITIES ACT

EFFECTIVE DATE: June 19, 2017

REVIEW DATE: June 19, 2022

SUPERSEDES: March 31, 2008

Purpose

The purpose of this directive is to set forth Hillsborough County's procedure for responding to complaints of discrimination on the basis of disability in the delivery of County programs and services to qualified individuals with disabilities under Title II of the Americans with Disabilities Act (ADA). The procedure set forth in this Administrative Directive does not apply to complaints of employment discrimination in Hillsborough County. Employment discrimination complaints under the ADA should be forwarded to the Equal Employment Opportunity Division of the Professional Responsibility Agency. Any individual who feels that he/she has been discriminated against on the basis of disability in the provision of a program or service operated by the Hillsborough County Board of County Commissioners (BOCC) shall have the ability to file a formal grievance with Hillsborough County, have the grievance responded to, and have the right to request an appeal. The grievance procedure established here does not preclude or waive any individual's right to seek redress through any other available remedy, including but not limited to any other remedies established by the ADA.

Procedures

Procedure for Filing A Complaint

Any individual who feels he/she has been discriminated against in any program or service provided by Offices under the Hillsborough County Administrator on the basis of disability may submit a complaint in writing or, when requested as an accommodation, in another format, to the ADA Liaison's Office. The complaint should be submitted no later than sixty (60) calendar days after the alleged violation to:

ADA Liaison, County Center, P.O. Box 1110, Tampa, FL 33601

Telephone: (813) 276-8401; TTY (800) 955-8771 or (800) 955-8770.

The complaint should contain the following information:

1. Name, address, telephone number, and email address if available of the person filing the complaint.
2. The date of the occurrence.
3. The name and location of the County program or service involved.
4. A description of the incident or condition which occurred and why the individual thinks he/she has been discriminated against on the basis of a disability.

Complaint Resolution

1) Within five (5) business days of receipt of the complaint, the ADA Liaison will: (a) contact the complainant in writing, and where appropriate, in a format accessible to the complainant, acknowledging receipt of the complaint; and (b) provide a copy of the complaint to the affected County department(s). The ADA Liaison shall thereafter, and as needed, assist the complainant in clarifying any of the facts of the complaint, and assist the affected department(s) in reviewing and preparing a response and recommended resolution to the complaint.

2) Within thirty (30) calendar days of receipt of the complaint, the ADA Liaison will provide to the complainant, in writing and where appropriate, in a format accessible to the complainant, the response of the County and a description of the County's proposal for resolution of the complaint. The ADA Liaison will consult with the County Attorney's Office prior to providing the response.

3) Monetary relief shall not be awarded through this grievance procedure.

Appeal Process

1) A complainant who is dissatisfied with the recommended resolution of his/her complaint can request a reconsideration of the complaint. The request for reconsideration should be made within fifteen (15) days from the date of the written recommended resolution offered by the County. The request should be made in writing, or in an alternate format accessible to the complainant, to the Operations and Legislative Affairs Officer, P.O. Box 1110, Tampa, Florida 33601 with a copy to the ADA Liaison.

2) An ADA Grievance Committee consisting of a member of the County Alliance for Citizens with Disabilities, a member of the Hillsborough County Human Relations Board, the Director of Human Resources or his/her designee, and a senior member of County

Administration and as needed, a representative with expertise in the requirements of program accessibility under Title II of the ADA and/or the ADAAG and Florida Accessibility Building Codes will meet within 30 days to review the complaint and possible solutions. Within 15 days after the meeting, the County Administrator, or a designee, will respond in writing, and where appropriate, in a format accessible to the complainant, with a final resolution.

Alternative Remedies

The right to a prompt and equitable resolution of a complaint filed hereunder shall not be impaired by pursuit of other remedies such as the 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.

These rules shall be construed so as to protect the substantive and procedural rights of all interested persons, and to assure that Hillsborough County complies with the ADA and implementing regulations.

Record Keeping

The ADA Liaison's Office shall maintain files on complaints received along with communications, recommendations, and other records pertinent to the complaint in accordance with the public records laws.

Responsibility

The Hillsborough County Board of County Commissioners' ADA Liaison's Office is responsible for coordinating the County's ADA grievance procedure and will serve as the conduit between the complainant and the department against whom the complaint is made. To the extent possible the ADA Liaison's Office will provide the department and the complainant with technical assistance needed in resolving the complaint. The ADA Liaison will make all attempts to assist the department in reaching an amicable resolution to the complaint; however, the ADA Liaison shall have no authority to direct the department in the manner in which the department ultimately decides to respond to the complainant.

Employment discrimination complaints should be sent to the Equal Opportunity Administrator, P.O. Box 1110, Tampa, FL 33601.

Signed: _____/s/_____ Date: 6/19/17
County Administrator