

GRIEVANCE PROCEDURE UNDER THE AMERICANS WITH DISABILITIES ACT – CLERK PROGRAMS OR SERVICES

This Grievance Procedure is established to resolve, in a prompt and fair manner, complaints of disability discrimination arising under Title II of the Americans with Disabilities Act of 1990 (ADA), and the Washington Law Against Discrimination (RCW 49.60 et seq.), or other similar local, state, and federal laws.

The complaint should be in writing and contain information about the alleged discrimination. The written complaint needs to be submitted as soon as possible, but no later than 60 calendar days after the alleged violation.

In order to assist Snohomish County in obtaining the necessary information for your complaint, please follow these steps:

1. Complete Snohomish County Clerk's ADA Complaint Grievance form
2. Sign and date the form
3. Submit the form and any attachments to:
Chief Deputy County Clerk
3000 Rockefeller Ave, M/S 605
Everett, WA 98201
Email: contact.clerk@snoco.org

Within 15 calendar days after receipt of the complaint, the Chief Deputy Snohomish County Clerk (Chief Deputy) will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, the Chief Deputy will respond in writing to the complainant. The response will explain the position of the Chief Deputy and may offer options for substantive resolution of the complaint. The complainant may appeal the decision within 15 calendar days after receipt of the response to the County Clerk.

Should the complainant not be satisfied with the County Clerk's response, the complainant shall be advised of their right to file an ADA complaint with the U.S. Department of Justice Civil Rights Division.

U.S. Department of Justice
950 Pennsylvania Avenue
NW Civil Rights Division
Disability Rights Section 1425
NYAV Washington, DC 20530
FAX: (202) 307-1197
Online: www.ada.gov.

Medical or other health information submitted or requested will remain confidential and retained by the Clerk along with a copy of the accommodation request, Clerk's decision, and any grievance filed and the decision pursuant to Washington State Local Government Records Retention Schedule (GS50-04C-01).

SNOHOMISH COUNTY CLERK

ADA COMPLAINT-GRIEVANCE FORM

Complainant Name: _____

Designee Name (If applicable): _____

Designee relationship to Complainant (if applicable): _____

Contact Information: Complainant: Designee: (Check one)

Address: _____

Phone: _____ Email: _____

DETAILED DESCRIPTION OF SPECIFIC COMPLAINT: Include all known details such as date, location, circumstance, persons involved, witness, etc. (Use additional paper if necessary. Attach any other information which you believe is pertinent).

REMEDY REQUESTED: (Use additional paper if necessary)

Complainant or Designee Signature / Date _____

Send to: Snohomish County Chief Deputy Clerk
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