

CUMBERLAND 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 **Cumberland County Government**. The 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 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 his/her designee as soon as possible, but no later than 60 calendar days after the alleged violation to:

*John F. Holmes, ADA Coordinator
Cumberland County Human Resources Office
117 Dick Street, Lower Level, Room 15
P.O. Drawer 1829 Fayetteville, North Carolina 28302-1829
Telephone: 910-678-7656*

Email: jholmes@co.cumberland.nc.us

TDD Telecommunication Unit for the Deaf 910-678-7659

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or his designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator or his 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 **Cumberland County** and offer options for substantive resolution of the complaint.

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

Within 15 calendar days after receipt of the appeal, the **County Manager** or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the **County Manager** or his 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 designee, appeals to the **County Manager** or his designee, and responses from these two offices will be retained by the **Cumberland County** for at least three years.