

DEPARTMENT OF HUMAN SERVICES

EFFECTIVE DATE: June 1, 2007
DATE ISSUED: August 27, 2015 revised

TITLE: Complaints Filed Under the Americans With Disabilities Act (ADA)

PURPOSE: To establish procedures for the processing requests for reasonable accommodations or of alleged violations of the ADA within the County Department of Human Services.

SCOPE: This circular shall apply to all Divisions/components of the Department.

POLICIES:

- The Department will not discriminate against any qualified person with a disability in employment opportunities or access to its services and programs.
- The Department shall make a good faith effort to provide an accommodation when one is requested unless making such an exception would require a fundamental alteration of an agency's programs.
- Hunterdon County Policy #93-3 dated April 13, 1993 and #96-6 dated May 28, 1996 shall be followed as appropriate.

GENERAL STANDARDS:

- A. Definitions – For the purpose of this policy, the following terms shall have the meanings defined herein:
1. Grievance means an alleged violation of the ADA which does not involve employment filed by a person other than an employee or applicant.
 2. Reasonable Accommodation means alterations or modifications to the workplace, work environment, equipment or job task that will permit an individual with a known physical or mental disability to perform a specific job for which he/she is otherwise qualified.

PROCEDURES:

- A. Employment
1. The administrative head of the Division/component shall determine which job functions are essential and which are marginal.

2. An employee or applicant may request a reasonable accommodation in order to perform essential work functions.
3. All requests for reasonable accommodation shall be processed in accordance with County of Hunterdon Policy #93-3.

B. Program Accessibility

1. Allegations of violations of the ADA which involve issues of access to programs by persons receiving services, their advocates or the general public shall be processed in accordance with the requirements of the County Policy #93-3. This includes services provided by the LINK Transportation Consolidated System.
2. A grievance may be filed orally or in writing but should contain the name and address of the person filing it and briefly describe the alleged violation. An oral grievance shall be confirmed in writing by the administrative head of the component. The form contained in Appendix A shall be available at each office of the Department.
3. A grievance should be filed within 30 days after the grievant becomes aware of the alleged violation of the ADA.
4. The grievance shall be sent to the Department's ADA coordinator. The ADA Coordinator shall follow Hunterdon County Policy #93-3.
5. Upon receipt of a grievance, the ADA Coordinator shall notify the grievant of the receipt of the grievance and commence the investigation per Policy # 93-3. In accordance with this policy the outcome will be sent to grievant in writing.
6. The ADA Coordinator shall prepare a final report for the Human Service Administrator. A copy of the decision shall be sent to the Office of Legal and Regulatory Liaison.

Christine Hammerstone

Christine Hammerstone, Administrator
(Signature of file)



**COUNTY OF HUNTERDON NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Date: _____

Name of Grievant: _____

Address of Grievant: _____

Telephone number of Grievant: _____

Name, address and telephone number of alternate contact person:

Agency alleged to have denied access:

Department: _____

Division: _____

Location: _____

Incident or barrier: _____

Please describe the particular way in which you believe you have been denied the benefits of any service, program or activity or have otherwise been subject to discrimination. Please specify dates, times and places of incidents, and names and/or positions of agency employees involved, if any, as well as names, addresses and telephone numbers of any witnesses to any such incident. Attach additional pages if necessary.

Proposed access or accommodation:

If you wish, describe the way in which you feel access may be had to the benefits described above, or that accommodation could be provided to allow access.

