

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 Pierce County Government. The Pierce County Government [Equal Employment Opportunity Policy](#) governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain specific information about the alleged discrimination. Also, the written complaint needs to be submitted **as soon as possible but no later than 60 calendar days after the alleged violation**. For additional information about the grievance process, please refer to the following:

[Notice under the Americans with Disabilities Act](#)
[Questions & Answers Regarding the Grievance Process](#)

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

Step 1 - Complete Pierce County's [ADA Complaint Grievance Intake form](#)

Step 2 - Review your completed form – make sure you provided all the requested information. Attach any additional information you believe is pertinent.

Step 3 - Sign and date the form

Step 4 - Submit the form and any attachments to:

ADA Coordinator
Pierce County Human Resources Department
2401 S. 35th St., Box 7
Tacoma, WA 98409

OR

pchumanresources@piercecountywa.gov

Special Note: 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.

Within 15 calendar days after receipt of the complaint, the County's ADA Coordinator or designee will meet if feasible, or confer by other means with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting or contact, County's ADA Coordinator or 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 Pierce County Government and offer options for substantive resolution of the complaint.

If the response by the County's ADA Coordinator or designee does not satisfactorily resolve the issue, the complainant or designee may appeal the decision within 15 calendar days after receipt of the response to the Pierce County Human Resources Director or designee. The Human Resources Director or designee will immediately notify the County Executive regarding the ADA grievance appeal received. Please complete the [ADA Complaint Grievance Appeal form](#) and attach a copy of your initial complaint and grievance response from the County's ADA Coordinator and forward to:

Pierce County Human Resources Department
Attn: Human Resources Director
2401 S. 35th St., Box 7
Tacoma, WA 98409

OR

pchumanresources@piercecountywa.gov

Within 15 calendar days after receipt of the appeal, the designated individual by the County Executive will meet or confer with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting or contact, the designated individual will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints and appeals received by Pierce County will be retained for at least three years.