

DEPARTMENT OF
CITIZEN SERVICES
10 Distillery Drive Suite 101
Westminster, Maryland 21157-5194
1-410-386-3600
1-888-302-8978
Fax 410-876-5255
TT Users (MD Relay):
711/800-835-2258



Celene E. Steckel
Director

Carroll County Government ADA Grievance Procedure

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act, Title II, which applies to public entities, including state and local governments, and prohibits discrimination based on disability in all aspects of government programs and services. Title II also requires that state and local governments communicate effectively with people with disabilities* and make reasonable accommodations to policies, procedures, and practices upon request in order to provide qualified individuals with disabilities an equal opportunity to participate in all programs and services. This procedure may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in provision of services, activities, programs, or benefits by Carroll County Government.

The grievance can be made one of the following ways: emailed to ada@carrollcountymd.gov, a telephone call placed to the Department of Citizen Services at (410) 386-3600, or letter submitted to:

Celene E. Steckel, Director
Department of Citizen Services
10 Distillery Drive, Suite 101
Westminster, MD 21157

Information about the alleged discrimination should include name, address, phone number of complainant, and location, date, and description of the subject of the complaint. The ADA Grievance Form is available on the Carroll County website (<https://www.carrollcountymd.gov/>) Alternative means of filing complaints, such as personal interviews or audio recordings of the grievance will be made available for persons with disabilities upon request.

Within 15 business days after receipt of the complaint, the ADA Coordinator will contact the complainant to discuss the grievance and offer possible resolutions. Within 15 business days after the initial discussion the ADA Coordinator will respond in writing, and, where appropriate, in a format accessible to the complainant, such as large print, Braille or recorded audio message. The response will explain the position of Carroll County Government and offer options for substantive resolution of the complaint.

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

Within 15 business days after receipt of the appeal, the County Administrator or his/her designee will contact the complainant to discuss the complaint and possible resolutions. Within 15 business days after the contact the County Administrator or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the grievance.

All written grievances received by the ADA Coordinator, appeals to the County Administrator or his/her designee, and responses from the ADA Coordinator and the County Administrator or this/her designee will be retained by Carroll County Government for at least three years.

*The term "disability" means, with respect to an individual - (A) A physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) A record of such an impairment; or (C) Being regarded as having such an impairment. If an individual meets any one of these three tests, he or she is considered to be an individual with a disability for purposes of coverage under the Americans with Disabilities Act.

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ADA GRIEVANCE FORM

Name: _____ **Date:** _____
Last First

Representative: _____
(on behalf of Last First
Complainant)

Mailing
Address: _____

Phone: _____ **Email:** _____
please print legibly

Please check one: Complaint Concern

Please Note: Complaints are public record.

Details: Please use the details section to give information about the alleged discrimination such as name, address, phone number of complainant and location, date and description of the problem. **Please use back of form if necessary.** Alternative means of filing complaints, such as personal interviews or a audio recording of the complaint will be made available for persons with disabilities upon request.

Name Date

Please mail or deliver this form to: Celene E. Steckel, Director
Department of Citizen Services
10 Distillery Drive, Suite 101
Westminster, MD 21157

For Citizen Services use only

Received by: _____ Date: _____ Time: _____

Response and all documentation to be attached to this form.