

GRIEVANCE PROCEDURE UNDER THE AMERICANS WITH DISABILITIES ACT

This Grievance Procedure is established to resolve complaints of disability discrimination arising under Title II of the Americans with Disabilities Act of 1990 (ADA) in a prompt and fair manner. The Snohomish County Personnel Code 3A governs employment-related complaints of disability discrimination.

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's District Court ADA Complaint Grievance form
2. Sign and date the form
3. Submit the form and any attachments to:

Administrator
Snohomish County District Court 3000 Rockefeller Ave, M/S 508
Everett, WA 98201
Fax: 425-388-3565
Email: DCAdmin.PublicContact@snoco.org

Within 15 calendar days after receipt of the complaint, the Snohomish County District Court Administrator or Assistant Administrator will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, the Administrator or Assistant Administrator will respond in writing to the complainant. The response will explain the position of the Court 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 Presiding Judge.

Should the complainant not be satisfied with the Presiding Judge'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.

SNOHOMISH COUNTY DISTRICT COURT

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: Administrator
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