COUNTY OF KANE
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 Kane County or its employing agencies. The Kane County Personnel Policy Handbook 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:

Jamie Lobrillo
ADA Coordinator
Executive Director of Human Resource Management
719 S. Batavia Avenue
Geneva, IL  60134

Within 15 calendar days after receipt of the complaint, Jamie Lobrillo or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Jamie Lobrillo or her 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 Kane County and offer options for substantive resolution of the complaint.

If the response by Jamie Lobrillo or her 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 Chairman of the Human Services Committee or his designee.

Within 15 calendar days after receipt of the appeal, the Chairman of the Human Services Committee or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Chairman of the Human Services Committee 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 Jamie Lobrillo or her designee, appeals to the Chairman of the Human Services Committee or his designee, and responses from these two officials will be retained by Kane County for at least three years.
AMERICANS WITH DISABILITIES
COMPLAINT FORM

Instructions: Please fill out this form completely. Sign and return to the address on page 2.

Complainant: _________________________________________________________________
Address: ___________________________________________________________________
City, State and Zip Code: ______________________________________________________

Home Phone: ____________  Business Phone: ___________ Mobile Phone: ________
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Person Discriminated Against
(if other than the complainant): ___________________________________________

Address: __________________________________________________________________
City, State, and Zip Code: ____________________________________________________

Home Phone: ____________  Business Phone: ___________ Mobile Phone: ________
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Person, Department, Office, or Committee that you believe has discriminated:
Name: _____________________________________________________________________

Address: __________________________________________________________________
City: ________________________  Zip Code: ________________________________
Telephone Number: _________________________________________________________

When did the discrimination occur? Date: _________________________________

Describe the acts of discrimination providing the name(s) where possible of the individual(s) who discriminated (use space on back if necessary):

What efforts have been made to resolve this complaint?
What is the status of those efforts?

Has a complaint been filed with a Federal, State, or local civil rights agency or court?  Yes______ No______

If yes:
Agency or Court:
Contact Person:
Address:
City, State, and Zip Code:
Telephone Number:
Date Filed:

Do you intend to file with another agency or court?    Yes_____ No______

If yes:
Agency or Court:
Address:
City, State and Zip Code:
Telephone Number:

Signature: _________________________________________
Date: ________________________________

Return to:  Jamie Lobrillo, ADA Coordinator
Kane County Department of Human Resource Management
719 S. Batavia Avenue, Building A
Geneva, IL 60134
lobrillojamie@co.kane.il.us