PURPOSE

The Department of Recreation and Parks is pleased to comply with the Americans with Disabilities Act (ADA) regulations. This federal law was designed to protect the rights of individuals with disabilities. All programs offered by the Department are open to individuals with disabilities provided basic program requirements are met (i.e., age). Reasonable accommodations will be made by the Department of Recreation and Parks to facilitate an individual’s participation in a program. The purpose of the ADA Grievance Procedure is to provide an opportunity for the general public to present their concerns/grievances to the Department regarding an ADA compliance issue that directly involves the Howard County Department of Recreation and Parks.

SUBTITLE

Grievance Procedure

PROCEDURES

I. A complaint/grievance shall be filed in writing on the attached form (Attachment 1) or separately and should contain:

A. the name, address, email, and phone number of the complainant
B. a description of the alleged violation(s)
C. the date(s), time(s) and location(s) of the violation(s)
D. name(s) and contact information of any witnesses including Howard County Employees
E. a statement outlining the proposed action you recommend to adequately resolve the alleged violation(s)
F. the name of the complainant’s authorized representative if they are filing this grievance on their behalf
G. signature of the complainant or their authorized representative.

II. Alternative means of filing a complaint/grievance, such as a personal interview or tape recorded complaint/grievance will be made available to individuals with disabilities upon request.

III. The complaint/grievance shall be filed within thirty (30) calendar days of the alleged violation and may be submitted online through the Accommodation Services webpage, or mailed to:
IV. The Therapeutic Recreation and Accommodation Services Manager will investigate the alleged complaint/grievance and provide an opportunity for the complainant to explain their concerns/issues no later than thirty (30) calendar days after the initial complaint/grievance was filed.

V. After an investigation and complainant interview, a written determination as to the validity of the complaint/grievance filed along with a description of resolution, if any, shall be forwarded to the Director of the Department of Recreation and Parks, the Bureau Chief in which the alleged complaint/grievance occurred and the complainant, no later than thirty (30) calendar days after the initial complaint/grievance was filed.

VI. If changes are to be made by the Department, a time line of these changes will be presented to the complainant at the time the decision is made.

VII. A complainant can request, verbally, or in writing, a reconsideration of the case in instances where he or she is dissatisfied with the resolution. The request for the reconsideration, along with reasons for the request, shall be made within ten (10) calendar days of the date a decision is reached by the Department of Recreation & Parks and shall be addressed to the Director of the Department of Recreation & Parks. The complainant shall be notified within seven (7) calendar days of the decision made by the Director.

VIII. If the complainant is not satisfied with the determination/resolve presented by the Recreation & Parks Department, he or she may appeal the decision to:
   Chief Administrative Officer
   3430 Courthouse Drive
   Ellicott City, MD 21043
   (410) 313-2020

IX. The right of a person to a prompt and equitable resolution of the complaint/grievance filed under these procedures shall not be impaired by the person’s pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency or the filing of a complaint with the County Administration.
ADA Complaint Form for Patrons and Visitors (Attachment 1)

Complainant Name: ________________________________
Address: __________________________________________
___________________________________________________
Telephone: _________________________________________
E-Mail: __________________________

Name of authorized representative if filling out this form on the complainant’s behalf:

____________________________________________________

Today’s Date: _______________________

ALLEGED VIOLATIONS
Date of Violation: _______________________
Time of Violation: ________ am/pm

Describe the circumstances and specific location, i.e. park name/location, in which the alleged ADA violation occurred. Please be specific and provide details. Provide names, if appropriate, of individuals that were involved. (Attach additional pages if necessary.)

________________________________________________________________________

________________________________________________________________________

REQUESTED ACTION
Please describe the action(s) you would like taken to correct the alleged ADA violation. Please be specific.

________________________________________________________________________

________________________________________________________________________

Will you need accommodations in order to meet with the Therapeutic Recreation and Accommodation Services Manager? (Circle) YES NO
If yes, please describe the accommodations needed.

________________________________________________________________________

________________________________________________________________________

Signature of Complainant/Representative __________________________ Date _______________________

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