

# **Washtenaw County Trial Court Grievance Procedure under the Americans with Disabilities Act and the ADA Amendments Act of 2008**

This grievance procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008. It may be used by any person who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, or programs by the Washtenaw County Trial Court. The court's personnel policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination, such as the name, address, and phone number of the complainant and the location, date, and description of the problem, including the name of the judicial officer. Alternative means of filing complaints will be made available for persons upon request and as necessary.

The complaint should be submitted by the grievant or their designee as soon as possible but no later than 60 calendar days after the alleged violation to the ADA coordinator as identified in Attachment #1.

Within 15 calendar days after receiving the complaint, the ADA coordinator or designee will consult with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days after the consultation, the ADA coordinator or designee will respond in writing in a format accessible to the complainant. The ADA coordinator should inquire as to what format is accessible to the complainant. The response will explain the position of the court and offer options for a substantive resolution of the complaint.

If the response by the ADA Coordinator or designee does not satisfactorily resolve the issue, the complainant or complainant's designee may request a review of the decision within 15 calendar days after receiving the response.

Within 15 calendar days after receipt of the request for review, the chief judge or designee will consult with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the consultation, the chief judge or designee will respond in writing in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA coordinator, requests for review to the chief judge or designee, and responses from these two offices will be retained by the court for at least three years from the date of the last written response or other final communication.

ATTACHMENT #1

ADA Coordinator's Name: Megan Ivey

ADA Coordinator (and other title if appropriate): Trial Court Administrator

ADA Coordinator's Mailing Address: Washtenaw County Trial Court

101 E. Huron St., PO Box 8645

Ann Arbor, MI 48107-8645

**Washtenaw County Trial Court  
Americans with Disabilities Act  
Grievance Form**

Please provide the following information:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

2. Date the aggrieved action occurred or was observed: \_\_\_\_\_

3. Name and location of the court program or service involved that is the subject of the complaint.

Name of program or service: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

4. Name(s) of the Court employee representative with whom you made contact regarding the subject of this grievance:

\_\_\_\_\_  
\_\_\_\_\_

5. Describe why you believe you are the victim of discrimination on the basis of disability in the delivery of Washtenaw County Trial Court programs and services:

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\_\_\_\_\_  
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