# FAIRFAX COUNTY GOVERNMENT
# COMPLAINT PROCEDURE
# UNDER THE AMERICANS WITH DISABILITIES ACT

The Fairfax County Government has adopted the following complaint procedure providing for prompt resolution of complaints alleging any violation of the Americans with Disabilities Act (ADA). This procedure may be used by anyone who wishes to file a complaint alleging discrimination based upon disability in the County's provision of services, activities, programs, or benefits. The County's Personnel Regulations cover employment-related complaints of discrimination. Complaints involving employment issues will be referred to the appropriate County agency for review and investigation in accordance with the Personnel Regulations.

If your complaint refers to allegations of discrimination based on age, sex, sexual harassment, race, religion, creed, national origin, marital status, color, political affiliation or veteran's status you may file a Complaint Form for Allegations of Discrimination by contacting staff from the Office of Human Rights and Equity Programs at the number below.

Address Complaints To:

Fairfax County Government
ADA Coordinator
Office of Human Rights and Equity Programs
Equity Programs Division
12000 Government Center Parkway, Suite #318
Fairfax, VA 22035-0041
703-324-2953, TTY 711
703-324-3570 (fax)

1. A complaint should be filed in writing, contain the name, and address, telephone number(s), and if possible, email address of the person filing it (i.e., the complainant), a brief description of the alleged violation, including when and where it occurred, and any request for reasonable accommodation required by the complainant for the duration of the grievance process (e.g., correspondence in alternate formats; sign language interpreters). For persons with disabilities, assistance in completing the complaint is available. Call 703-324-2953 (voice) or TTY 711 on any County workday between the hours of 8:00 a.m. and 4:30 p.m. (A copy of a complaint form has been attached for your use.)

2. A complaint should be filed as soon as possible but no later than 60 workdays (180 calendar days for Transit related complaints) after the complainant becomes aware of the alleged violation. The term “workday” shall mean any Monday through Friday that is not a Fairfax County holiday.

3. Upon receipt of the complaint, the ADA Coordinator or the department ADA Representative will provide the complainant with a copy of this complaint procedure in a language (e.g., English; Spanish) and format accessible (e.g., large print; Braille; audio tape) to the complainant.

   (a) If the complaint is received in the Equity Programs Division (EPD), Office of Human Rights and Equity Programs, the EPD will refer the complaint to the ADA Representative for the County agency providing services, activities, programs, or benefits which are the subject of the complaint.
   (b) If the complaint is initially received in the department, the department will send a copy to EPD and respond directly to the citizen.

4. The Agency ADA Representative will contact and/or meet with the complainant within 15 calendar days of the complaint's referral to discuss the complaint, and conduct whatever additional investigation of the complaint he or she determines to be necessary.

5. The Agency ADA Representative will respond to the complaint in writing, or where appropriate, in a format accessible to the complainant (e.g., large print; Braille; audio tape), within fifteen calendar days of meeting with the complainant. This response will explain the County's position and offer options to resolve the complaint, when appropriate. The Agency ADA Representative will send a copy of the response to the ADA Coordinator.

6. If the complainant objects to the Agency ADA Representative's response, then he or she may appeal to the ADA Coordinator within 15 calendar days after receiving the response. The Agency ADA Representative's response becomes the County's final determination respecting the complaint if the complainant does not so appeal.

7. Within 15 calendar days of receiving an appeal, the ADA Coordinator, or his or her designee, will contact and/or meet with the complainant to discuss the complainant's objections to the Agency ADA Representative's response. The ADA Coordinator, or his or her designee, also will conduct any additional investigation that he or she determines to be necessary.

8. Within 15 calendar days after meeting with the complainant, the ADA Coordinator will respond to the appeal in writing, or where appropriate, in a format accessible to the complainant. This response will address each of the complainant's objections to the Agency ADA Representative's response. The ADA Coordinator will send a copy of this response to the Agency ADA Representative who initially

responded to the complaint. The ADA Coordinator's response is the County's final determination respecting the complaint.

9. The ADA Coordinator will retain all documents relating to a complaint for three years after the date of the County's final determination respecting the complaint.

10. Use of this complaint resolution procedure is not a prerequisite to the pursuit of other legal remedies. A complainant therefore has the right to file a complaint with the appropriate federal or state agency, including the U.S. Department of Justice, at any time throughout this process, or if the County's final determination is not to his or her satisfaction.

    For information about the ADA and how to file a complaint with the U.S. Department of Justice, telephone 1-800-514-0301 (voice), 1-800-514-0383 (TTY), or go to the Internet site for the U.S. Department of Justice's Civil Rights Division.

11. This procedure shall be construed to protect the substantive rights of interested persons regarding due process and to ensure that Fairfax County Government complies with laws, regulations and county policies prohibiting disability discrimination.

For additional information about this complaint procedure and the ADA generally, please call 703-324-2953, TTY 711 on any Fairfax County workday between the hours of 8:00 a.m. and 4:30 p.m. This complaint procedure can be provided in an alternative format upon request.

# FAIRFAX COUNTY GOVERNMENT
# COMPLAINT FORM
# UNDER THE AMERICANS WITH DISABILITIES ACT

**1. Enter information about yourself.**

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Best time to Call You: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

E-Mail Address: _____

Who else can we contact if we cannot reach you?

Contact's Name: _____ Contact's Phone: _____

Relationship to You: _____

**2. Who was discriminated against? (Under Fairfax County Government policy, only the person harmed or their legal guardian can file with the OHREP.)**

☐ Yourself ← **Click the box that applies**

☐ Someone else

If the person discriminated against is 18 or older, we will need that person's signature before we can proceed with this complaint. Under Fairfax County government policy, only the person harmed or their legal guardian can file with OHREP.

If someone other than yourself, please include:

Injured person's name: _____

Relationship to you: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

**3. Enter information about the department and/or person(s) who discriminated against you.**

Agency Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Alternate Phone: _____

Name of Person(s) who discriminated against you:

1. Name: _____ Position/title: _____
2. Name_____ Position/title: _____
3. Name: _____ Position/title: _____

**4. In the space provided below, please briefly describe each discriminatory action separately. For each action, you need to provide the following information:**

a. Date (s) the discriminatory action occurred;
b. Name(s) of individual(s) who discriminated (include position, title);
c. Location of alleged violation;
d. What happened;
e. Witnesses, (if any);
f. Why you believe the discrimination was because of disability.

Do you have documents that you think will help us understand your complaint? (If yes, you will be contacted with instructions for submitting this information. Do not send original documents.)

☐ Yes ☐ No ← **Click the box that applies**

5. **What solution are you seeking?**

**Date Submitted:** _____

_____

**Signature**

This complaint form can be provided in an alternative format upon request. Please contact the Fairfax County Office of Human Rights and Equity Programs, Equity Programs Division, at 703-324-2953, TTY 711).