

**SHERBURNE COUNTY  
ADA TITLE II (PROGRAM ACCESSIBILITY)  
COMPLIANCE POLICY**

**Policy**

It is the policy of Sherburne County to comply with the provisions of the Americans with Disabilities act, 42 U.S.C. § 12101, et seq. (ADA). The ADA contains five title. Title II, pertaining to public services, is addressed by this policy.

**Persons Covered**

A qualified person with a disability, as defined by the ADA, means an individual with a disability who, with or without reasonable modification to rules, policies, or practices; the removal of architectural, communication, or transportation barriers; or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity. A disability means that the individual:

1. Has a physical or mental impairment that substantially limits one or more major life activities of such individual; or
2. has a record of such an impairment; or
3. Is regarded as having such a physical or mental impairment.

Discrimination against qualified persons with disabilities on the basis of their disability is prohibited.

Qualified persons with disabilities shall not be excluded from participating in, or be denied the benefits of, any program, service, or activity offered by Sherburne County.

**Services Covered**

All programs, services, and activities must be readily accessible to and usable by qualified persons with disabilities. Sherburne County employees, volunteers, and contractors will communicate effectively with persons who have speech, vision, or hearing impairments, and provide auxiliary communications aids to qualified persons with disabilities participating in or benefiting from Sherburne County programs, services, or activities to afford equal opportunity.

## **Request for Information, Reasonable Accommodations, and Grievance Procedure**

Persons who wish to review the self-evaluation done under Section 504, the ADA, or its interpretive regulation; ask questions about their rights and remedies under the ADA; request a modification to Sherburne County's policies, practices, or procedures; or file a written grievance with Sherburne County alleging noncompliance with the ADA should contact the Sherburne County ADA Coordinator.

### **Responsibilities**

Sherburne County policy for implementing the ADA Title II (Program Accessibility) will be implemented by the County Board, ADA Coordinator, and department heads.

The ADA Coordinator is appointed by the County Administrator and is responsible for communication of the Sherburne County ADA Policy, distribution of forms and notices, and receipt and determination of grievances.

Department heads will have authority and responsibility in their areas to implement and maintain compliance with the ADA and county policies for compliance with the ADA. Department heads are responsible for providing this policy to their staff and ensuring that it is followed.

### **Guidelines**

Notices to the public (see [Appendix 1](#)) shall be posted with other public notices and available in county departments.

A form for accommodation requests is available on the Sherburne County website and is attached (see [Appendix 2](#)). This form may be modified for departmental use. Requests for accommodations beyond the scope of departmental authority shall be submitted to the ADA Coordinator.

Language on public notices should include: "If you need a reasonable accommodation or assistance, please contact the Sherburne County ADA Coordinator, Attn: Risk Management Specialist, Sherburne County Government Center, 13880 Business Center Drive NW, Elk River, MN 55330; Email: [admin@co.sherburne.mn.us](mailto:admin@co.sherburne.mn.us); Telephone: 763-765-3001; Toll free: 800-433-5229 Fax: 763-765-3002."

### **Grievance Procedure**

The ADA Grievance procedure outlined below is designed to address allegations of discrimination or that a reasonable accommodation has not been provided to an individual that would allow the individual to fully participate in, or receive the benefits of, Sherburne County activities, programs, and services. Every effort will

be made to comply with the time limits contained herein. The procedures and time limitations herein are to be liberally construed to provide a full review of complaints alleging discrimination or the failure to provide a reasonable accommodation.

### **Step 1: Complete the Grievance Form**

Fill out all of the information requested on the grievance form, which is located on the Sherburne County website at and is attached (see [Appendix 3](#)). The grievance must contain the name and address of the grievant; a description of the alleged discriminatory act or decision, including relevant dates and locations; and the name of the ADA contact.

### **Step 2: Submit the Grievance Form**

The grievance form must be filled out completely and submitted online, by [email](#), or mailed to the Sherburne County ADA Coordinator **within 10 business days** from the date of the alleged discriminatory action or decision. If you need assistance in completing or sending your grievance, assistance will be made available for a person with a disability upon a request to the ADA Coordinator or designee.

### **Step 3: Resolution of Your Grievance**

The ADA Coordinator or designee shall promptly review all grievances submitted under this procedure. If it is determined that the information submitted is insufficient, the ADA Coordinator or designee may request, obtain, and consider additional information that is deemed necessary to a full and fair determination of the grievance. Within 30 days after receipt of a grievance, the ADA Coordinator or designee shall respond in writing, and, where appropriate, in a format accessible to the grievant. If the ADA Coordinator or designee is able to resolve the grievance, the resolution shall be set forth in writing and sent to the grievant. If the ADA Coordinator or designee is not able to resolve the grievance, the ADA Coordinator or designee shall advise the grievant, in writing, of all offers that have been made to resolve the grievance and of the federal and state agencies available, should the grievant wish to pursue the matter further.

**SHERBURNE COUNTY  
AMERICANS WITH DISABILITIES ACT (ADA)  
ADA TITLE II PROGRAM ACCESSIBILITY**

**Notice to the Public**

Sherburne County does not discriminate on the basis of an individual's disability status. This non-discrimination policy involves every aspect of all county functions, including one's access to, participation in, or treatment in its programs or activities.

If you need information or forms to request a reasonable accommodation or to file a grievance, please contact:

Sherburne County ADA Coordinator  
Attn: Risk Management Specialist  
Sherburne County Government Center  
13880 Business Center Drive NW  
Elk River, MN 55330  
Email: [admin@co.sherburne.mn.us](mailto:admin@co.sherburne.mn.us)  
Telephone: 763-765-3001  
Toll free: 800-433-5229  
Fax: 763765-3002

**Sherburne County**  
**Public Request for Accommodation**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

On Behalf of Self       On Behalf of Another:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Description of accommodation requested. (Please be as specific as possible.)**

Date Accommodation Needed: \_\_\_\_\_

**Suggested course of action by the county:**

Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completion, submit this form to:**

Sherburne County ADA Coordinator  
Attn: Risk Management Specialist  
Sherburne County Government Center  
13880 Business Center Drive NW  
Elk River, MN 55330  
Email: [admin@co.sherburne.mn.us](mailto:admin@co.sherburne.mn.us)  
Telephone: 763-765-3001  
Toll free: 800-433-5229  
Fax: 763-765-3002

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**County Use Only**

Request received on: \_\_\_\_\_

Action taken: \_\_\_\_\_

Final Outcome:     Accepted Accommodation as Requested  
                          Accepted Accommodation with Modification  
                          Unable to Accept Accommodation

Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sherburne County**  
**Americans with Disabilities Act Grievance Form**

**1. Grievant's Contact Information:**

Name of Grievant: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. When the alleged discriminatory act or decision occurred:**

Date: \_\_\_\_\_

**3. Department and name of the program or service involved that is the subject of this grievance:**

Sherburne County Department: \_\_\_\_\_

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

**4. Type of accommodation requested:**

**5. Describe the alleged discriminatory act or decision (please be specific)**

**Upon completion, submit this form to:**

Sherburne County ADA Coordinator  
Attn: Risk Management Specialist  
Sherburne County Government Center  
13880 Business Center Drive NW  
Elk River, MN 55330  
Email: [admin@co.sherburne.mn.us](mailto:admin@co.sherburne.mn.us)  
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