

## 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 the Los Alamos County. The County'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 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 30 calendar days after the alleged violation to:

**Juan Rael**  
**ADA Coordinator**  
**Department of Public Works**  
**1000 Central Avenue, Suite 160**  
**Los Alamos, NM 87544**  
[lacpw@lacnm.us](mailto:lacpw@lacnm.us)

The email address cited above may be used to submit the complaint electronically. It also may be transmitted through the US Postal Service, or hand delivered. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available upon request for persons with disabilities that preclude their use of the aforementioned methods.

Within 15 calendar days after receipt of the complaint, ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, *the* ADA Coordinator or his/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 Los Alamos County and offer options for substantive resolution of the complaint.

If the response by ADA Coordinator or his/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 County Manager.

Within 15 calendar days after receipt of the appeal, the County Manager or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the County Manager or his/her 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 the ADA Coordinator or his/her designee, appeals to the County Manager or his/her designee, and responses from these two offices will be retained by Los Alamos County for at least three years.



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**Title II of the Americans with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973  
Discrimination Complaint/Grievance Form**

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address below:

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

Complainant: \_\_\_\_\_

Person Preparing Complaint:  
(if different from the complainant): \_\_\_\_\_

Relationship to the Complaint:  
(if different from the complainant): \_\_\_\_\_

Address: City, State and Zip Code: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

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

Date The discrimination Occurred: \_\_\_\_\_

Please provide specific location(s) related to the complaint or grievance (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Please provide a complete description of the specific complaint or grievance:

(Please use another sheet if needed)

\_\_\_\_\_

\_\_\_\_\_

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Please state what you think should be done to resolve the complaint or grievance:

(Please use another sheet if needed)

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Have efforts been made to resolve this complain through the internal grievance procedure of another government, organization, or institution?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: what is the status of the grievance? \_\_\_\_\_  
\_\_\_\_\_

Please do not contact me personally

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

Return to:  
**Juan Rael, ADA Coordinator**  
**Public Works Department**  
**100 Central Avenue, Suite 160**  
**Los Alamos County, NM 87544**  
**E-Mail: [lacpw@lacnm.us](mailto:lacpw@lacnm.us)**