## 39<sup>th</sup> Judicial District Franklin & Fulton Counties

## Americans with Disabilities (Title II) Act Grievance Procedure

This grievance procedure is established for the prompt resolution of complaints alleging any violation of Title II of the Americans with Disabilities Act (ADA) in the provision of services, programs, or activities by the Unified Judicial System (UJS). If you require a reasonable accommodation to complete this form, or need this form in an alternate format, please contact Angela Stoner, ADA Coordinator.

To file a complaint under the Grievance Procedure please take the following steps:

- 1. Complete the *Grievance Form* (Appendix B) and return to the District Court Administrator for 39<sup>th</sup> Judicial District (contact information is printed at bottom of Appendix B form). Alternative means of filing complaints will be made available for persons with disabilities upon request. The complaint should be submitted as soon as possible but no later than sixty (60) calendar days after the alleged violation.
- 2. Within fifteen (15) calendar days of receipt of the complaint, the District Court Administrator will investigate the complaint, including, meeting with the individual seeking an accommodation, either in person or via telephone, to discuss the complaint and the possible resolutions. Within fifteen (15) calendar days of the meeting, the District Court Administrator will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio. The response will explain the position of the 39<sup>th</sup> Judicial District Court and offer options for substantive resolution of the complaint.
- 3. If the response to the complaint does not satisfactorily resolve the issue, the complainant may appeal the decision within fifteen (15) calendar days after receipt of the response to the President Judge or designee for the 39<sup>th</sup> Judicial District. Within fifteen (15) calendar days after receipt of the appeal, the President Judge or designee will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the President Judge

or designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

This grievance procedure is informal. An individual's participation in this informal process is completely voluntary. Use of this grievance procedure is not a prerequisite to and does not preclude a complainant from pursuing other remedies available under law.

The UJS Policy on Non-Discrimination and Equal Employment Opportunity also encompasses disability-related issues and provides complaint procedures for UJS court users. Any employment-related disability discrimination complaints will be governed by the UJS Policy on Nondiscrimination and Equal Employment Opportunity.



39<sup>th</sup> Judicial District Franklin & Fulton Counties Court Administration 14 North Main Street Chambersburg, PA 17201

## Americans with Disabilites Act (ADA) Title II $GRIEVANCE\ FORM-APPENDIX\ B$

| Grievant Information                                 |                                                  |  |
|------------------------------------------------------|--------------------------------------------------|--|
| Grievant Name:                                       | Home Phone (include area code):                  |  |
|                                                      | Business Phone                                   |  |
| Address:                                             |                                                  |  |
|                                                      | Mobile Phone (include area code):                |  |
| Alternat                                             | tive Contact Person (other than Grievant)        |  |
| Name:                                                | Home Phone (include area code):                  |  |
| Address:                                             | Business Phone                                   |  |
|                                                      | Relationship To Client:                          |  |
| Court Service,                                       | Program or Facility Allegedly in Violation       |  |
| Date and Location of Alleged Violation (dd/mm/yyy    | yy)                                              |  |
| Description of Alleged Violation and Requested Rea   | nedy                                             |  |
|                                                      |                                                  |  |
|                                                      |                                                  |  |
|                                                      |                                                  |  |
|                                                      |                                                  |  |
|                                                      |                                                  |  |
|                                                      |                                                  |  |
|                                                      |                                                  |  |
| Has this case been filed with the Department of Just | ice or other government agency or court?         |  |
| Yes No                                               |                                                  |  |
| If Vou Answered "Ves"                                | to the Previous Question, Complete the Following |  |
| II Tourims wereu Tes                                 | to the French Question, complete the Fonding     |  |
| Agency or Court:                                     | Contact Person:                                  |  |
| Address:                                             | Phone (include area code):                       |  |
| Audicss.                                             | (menue area code).                               |  |
| Other Comments                                       | Date Filed:                                      |  |
| Other Comments                                       |                                                  |  |
|                                                      |                                                  |  |
|                                                      |                                                  |  |
|                                                      |                                                  |  |
|                                                      |                                                  |  |
| Signature:AFTER COMPLETING THIS FORM, PLEASE         | Date: SEND TO:                                   |  |
|                                                      | 4 NORTH MAIN STREET, CHAMBERSBURG, PA 17201      |  |