

State of Georgia CRIMINAL JUSTICE COORDINATING COUNCIL (CJCC)

ADA Grievance Procedure

The purpose of the ADA Grievance Procedure is to promptly and fairly resolve a conflict or dispute when an individual believes the *Criminal Justice Coordinating Council (CJCC)* is not in compliance with its requirements under the Americans with Disabilities Act and implementing regulation 28 C.F.R. 35.107 (See Page 3).

This Grievance Procedure is *informal*. No individual is required to utilize this method and may directly file a formal complaint with the respective enforcement agency as permitted under law. For those individuals that wish to file a complaint under **CJCC's Grievance Procedure**, complete the complaint form and return to:

Sherille Eunice, Human Resource Director /CJCC State ADA Coordinator 104 Marietta Street NW Suite 440 / Atlanta, Georgia 30303 Attn: Office of Human Resources

Sherille.eunice@cicc.ga.gov

Alternative means of filing complaints, such as a personal interviews, audio or video recording of the complaint will be made available for persons with disabilities upon request. The CJCC ADA Coordinator will schedule a meeting (in person, via telephone or via other types of electronic means) within three working days after receipt of the completed complaint form. The purpose of the meeting will be to resolve the complaint.

If a satisfactory resolution to the complaint is reached at the meeting, a letter will be forwarded to you that states:

- a) the description of the complaint; and
- b) how the complaint was resolved

If CJCC is unable to resolve the complaint, you will be notified in writing why the CJCC was unable to resolve the complaint. Such notification shall include:

- a) a description of the complaint
- b) a statement concerning the issues which could not be resolved: and
- c) the steps necessary to file a format complaint with the appropriate enforcement agency

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ADA Grievance Procedure Form

Name:		
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Address:		
	Home Telephone	Mobile Personal Phone
	Work Telephone	Mobile Work Telephone
Email Address:		
When did the acts the	hat you believe were discriminator	v occur? Date (s):
		,
	ct(s) that you believe were discrim	inatory. Please be specific, Use
additional sheets if n	ecessary.	
Signature (can be el	ectronic)	L Date

Reference

ADA.Gov

§ 35.106 Notice

A public entity shall make available to applicants, participants, beneficiaries, and other interested persons information regarding the provisions of this part and its applicability to the services, programs, or activities of the public entity, and make such information available to them in such manner as the head of the entity finds necessary to apprise such persons of the protections against discrimination assured them by the Act and this part.

§ 35.107 Designation of responsible employee and adoption of grievance procedures

- (a) Designation of responsible employee. A public entity that employs 50 or more persons shall designate at least one employee to coordinate its efforts to comply with and carry out its responsibilities under this part, including any investigation of any complaint communicated to it alleging its noncompliance with this part or alleging any actions that would be prohibited by this part. The public entity shall make available to all interested individuals the name, office address, and telephone number of the employee or employees designated pursuant to this paragraph.
- (b) Complaint procedure. A public entity that employs 50 or more persons shall adopt and publish grievance procedures providing for prompt and equitable resolution of complaints alleging any action that would be prohibited by this part