



PAUL M. WENDEL, JR.  
County Executive

## CHAUTAUQUA COUNTY OFFICE OF THE COUNTY EXECUTIVE

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(716) 753-4211 – FAX (716) 753-4756 – [wendelp@co.chautauqua.ny.us](mailto:wendelp@co.chautauqua.ny.us)  
[www.co.chautauqua.ny.us](http://www.co.chautauqua.ny.us)

### Executive Policy Bulletin A-10-040

**Subject: CHAUTAUQUA COUNTY AMERICANS WITH DISABILITIES ACT  
AND SECTION 504 GRIEVANCE PROCEDURE**

It is the policy of Chautauqua County not to discriminate on the basis of disability and to ensure those with disabilities or language barriers are not denied access to employment, services and programs based on their disability or language barrier. Chautauqua County has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and the Americans With Disabilities Act and its amendments. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for Chautauqua County to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

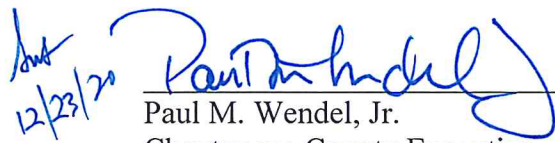
Complaints should be addressed to the ADA and Section 504 Coordinator whose contact information is listed on the Chautauqua County Department of Human Resources webpage of the Chautauqua County website at [www.co.chautauqua.ny.us](http://www.co.chautauqua.ny.us).

1. A complaint, which can be filed in writing or verbally, should contain the name and address of the person filing it, a description of the alleged violation, and the remedy or relief sought. The attached complaint form may be used but is not required to be used by the complainant.
2. The complaint should be filed within fifteen (15) days after the complainant becomes aware of the alleged violation. Complaints filed after the fifteen (15) days will still be accepted and investigated based upon the evidence that may still be available.
3. An investigation, as may be appropriate, shall be commenced as promptly as practicable following the filing of the complaint but in no event more than five (5) days after receipt. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to complaint.
4. A written determination of the findings about the validity of the complaint and a statement of the action taken, if any, shall be issued by the Coordinator and a copy will

be sent to the complainant within twenty (20) days of the filing of the complaint. The Coordinator may direct interim action be taken pending completion of the investigation to assure that the complainant is not denied access to any program based upon their disability.

5. The County ADA Coordinator will maintain files and records relating to any complaint in accordance with the County's records retention policy (see Executive Policy Bulletin A-3-051 "Records Management Policy").
6. The complainant may request a reconsideration of the case if dissatisfied with the result. Request for reconsideration should be made within fifteen (15) days from receipt of the decision to the County Executive and should set forth the reasons why such reconsideration would be appropriate. The County Executive shall issue a written decision in response to the appeal no later than thirty (30) days after its filing.
7. The right of a person to a prompt and equitable resolution of the complaint shall not be impaired by the person's pursuit of other remedies, such as the filing of a complaint with the responsible federal department or agency. Use of this procedure is not prerequisite to the pursuit of other remedies.
8. These rules shall be construed to protect the rights of interested persons, to meet appropriate due process standards, and to assure that Chautauqua County complies with Section 504, the ADA and implementing regulations.

Chautauqua County will make appropriate arrangements to ensure that disabled persons are provided other accommodations, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Coordinator will be responsible for making such arrangements. The Coordinator shall also have the authority to direct the various Departments of County government to take appropriate action as determined by the investigation to accommodate the complainant provided however, such authority shall not extend to changing the laws, rules or regulations that govern programs or employment for which the complainant may be applying.

*12/23/20*  
  
Paul M. Wendel, Jr.  
Chautauqua County Executive

12/28/2020  
Date

Attachment: ADA and Section 504 of the Rehabilitation Act Complaint / Grievance Form

Rev. 6/15/93, 10/17/11, 5/4/16, 1/17/18, 9/23/19, 12/28/2020



**Americans with Disabilities Act ("ADA") and Section 504 of the Rehabilitation Act**  
**COMPLAINT/GRIEVANCE FORM**

All individuals who have a physical or mental impairment that substantially limits a major life activity are covered by the ADA and Section 504 of the Rehabilitation Act. Please be as specific as you can so we can address your complaint and/or grievance.

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **CASE NO. (if applicable):** \_\_\_\_\_

**COUNTY DEPARTMENT YOU ARE COMPLAINING ABOUT:** \_\_\_\_\_

DO YOU BELIEVE YOU WERE DISCRIMINATED AGAINST BECAUSE OF YOUR IMPAIRMENT?  
(circle one) YES NO

DO YOU BELIEVE YOU WERE DENIED REASONABLE HELP WITH YOUR IMPAIRMENT?  
(circle one) YES NO

**EXPLAIN HOW THE COUNTY OR ITS AGENT DID NOT REASONABLY RESPOND AND/OR HELP GIVEN YOUR PARTICULAR IMPAIRMENT:** (Give any dates and names you can remember. Use extra pages if you need more space.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested Action by County to Correct Alleged Violation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**RETURN THIS FORM TO YOUR CASEWORKER (if applicable) OR MAIL TO:**

**Ken Westphal, County ADA Coordinator**  
**Chautauqua County Department of Human Resources**  
**Gerace Office Building, 3 N. Erie St., Mayville, NY 14757**  
**Telephone: (716) 753-4237 Fax: (716) 753-4686.**

