

## **Brown County ADA Nondiscrimination Statement**

In accordance with the requirements of Title II of the Americans with Disabilities Act (“ADA”) and Section 504, Brown County does not discriminate on the basis of disability in its programs, services, or activities. The County’s ADA Coordinator / Regulatory Compliance Officer, located at 200 South Broadway, Suite 111, Brownwood, Texas 76081 telephone number 325-643-2828. The ADA Coordinator / Regulatory Compliance Officer is designated to coordinate compliance with local, state and federal non-discrimination requirements related to ADA.

Brown County will, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so that they can participate equally in the County’s programs, services, and activities. Anyone who requires an auxiliary aid or service for effective communication or modification of policies or procedures to participate in a program, service, or activity of Brown County, should contact the office of the ADA Coordinator as soon as possible, but no later than 48 hours before the scheduled event. Please note that the ADA does not require Brown County to take any action what would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

*If you need assistance in a language other than English, you may request language assistance services free of charge. For more information about interpretation or translation services, please call 325-643-2828 or email us at: [stephanie.upfold@browncountytexas.gov](mailto:stephanie.upfold@browncountytexas.gov)*

## Filing an ADA Complaint

Brown County has an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the United States Department of Justice regulations implementing Title II of the Americans with Disabilities Act (“ADA”). Title II states, in part, that “no otherwise qualified disabled individual shall, solely, by reason of such disability, be excluded from participation in, be denied the benefits of or be subjected to discrimination” in programs or activities sponsored by a public entity.

To submit a complaint please complete the “ADA Complaint Form”.

Complaint forms can be obtained at the Brown County Risk Management office located at the address below or via the link below. Please send your complaint to:

ADA Coordinator / Regulatory Compliance Officer  
200 South Broadway, Suite 111

Brownwood, Texas 76081

325-643-2828

*(PDF Complaint Form on page 6)*

Complaints shall state, as fully as possible, the facts and circumstances surrounding the alleged discrimination.

## **Complainant Assistance**

The County shall also provide appropriate assistance to complainants, including those persons with disabilities or who may be limited in their ability to communicate in English. In cases where the complainant is unable to provide a written statement, a verbal complaint may be made. The ADA Coordinator will interview the complainant and if necessary assist the person in converting the verbal complaint to writing. All complaints must be signed by the complainant or his/her representative.

## **Procedure**

These procedures do not deny the right of the complainant to file formal complaints with other state or federal agencies or seek other remedies.

The complainant may file a signed, written complaint up to 180 days from the date of the alleged act of discrimination or the date the person(s) became aware of the alleged act(s) of discrimination. If the complaint cannot be filed within 180 days, please contact the ADA Coordinator for more information.

The purpose of the ADA Complaint Form is to assist you in filing a complaint. You are encouraged, but not required, to use the form to file your complaint. If you choose to write a letter, please ensure that it contains all of the information requested in the form and is signed by you or your authorized representative.

## Process

The County shall make every effort to address all complaints in an expeditious and thorough manner.

An investigation, as may be appropriate will follow the filing of a complaint. If needed, an investigation will begin within fifteen (15) working days of receipt of a complaint alleging discrimination on the basis of disability in a program, service or activity of the County.

The complainant will be contacted in writing no later than thirty (30) working days after receipt of the complaint should additional information be needed. If the complainant fails to provide the requested information in a timely basis, the County may administratively close the complaint.

Should an investigation be warranted, the County will complete the investigation within ninety (90) calendar days of receipt of a complaint. If additional time is needed, the complainant will be notified. A written investigation report will be prepared and shall include a summary description of the incident, findings and recommended corrective action. If required, the investigation report will be forwarded to the appropriate state or federal agency.

A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the ADA Coordinator. A copy shall be forwarded to the complainant no later than twenty (20) working days after its issuance.

The complainant has a right to appeal with the County's finding within five (5) working days from receipt of the determination. The complainant may file a complaint externally with the U.S. Department of Justice, Office of Civil Rights, or other appropriate federal agency. If there is no appeal or no findings, the complaint will be closed.

The ADA Coordinator shall maintain the files and records of Brown County relating to the complaints filed.

**BROWN COUNTY**

**ADA DISCRIMINATION COMPLAINT FROM**

**ADA Coordinator / Regulatory Compliance Officer  
200 South Broadway, Suite 111  
Brownwood, Texas 76081**

**SECTION 1: COMPLAINANT CONTACT INFORMATION**

**Name:**

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**Address (street, city, state, zip code)**

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**Email address:**

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**Phone Number:** \_\_\_\_\_

**Preferred method of contact:**

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**Best time to contact you:** \_\_\_\_\_

**SECTION TWO: COMPLAINT INFORMATION:**

**1. LOCATION/ DEPARTMENT THAT ALLEGED ACT OR EVEN OCCURRED:**

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**2. DATE OF ALLEGED ACT OR EVEN OCCURRED (mm-dd-yyyy):**

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- This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**BROWN COUNTY**

**ADA DISCRIMINATION COMPLAINT FROM**

**SECTION 3: COUNTY EMPLOYEE INVOLVED IN THE ALLEGED DISCRIMINATORY ACT:**

**NAME:**

\_\_\_\_\_  
\_\_\_\_\_.

**POSITION IN OFFICE:**

\_\_\_\_\_  
\_\_\_\_\_.

**SECTION 4: NAMES OF WITNESSES WHOM WE MAY CONTACT FOR INFORMATION TO SUPPORT/CLARIFY YOUR COMPLAINT.**

**Name:**

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

**Address (street, city, state, zip code)**

\_\_\_\_\_

**Email address:**

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

**Phone Number:** \_\_\_\_\_

**Name:**

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

**Address (street, city, state, zip code)**

\_\_\_\_\_

**Email address:**

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

**Phone Number:** \_\_\_\_\_



**SECTION 5: COMPLAINT FILED**

Have you filed, or intend to file a complaint regarding the matter raised with any of the following? If yes, please provided the filing dates. (Check all that apply)

☐ U.S Department of Transportation (DOT)  
\_\_\_\_\_ (mm/dd/yyyy)

☐ Federal Highway Administration (FHWA)  
\_\_\_\_\_ (mm/dd/yyyy)

☐ Federal Transit Administration (FTA)  
\_\_\_\_\_ (mm/dd/yyyy)

☐ U.S. Department of Justice (DOJ)  
\_\_\_\_\_ (mm/dd/yyyy)

☐ Other: \_\_\_\_\_  
\_\_\_\_\_ (mm/dd/yyyy)

Have you discussed the complaint with any Brown County representative? If yes, please provide the name, position and date of discussion

**NAME:**

\_\_\_\_\_  
\_\_\_\_\_.

**POSITION IN OFFICE:**

\_\_\_\_\_  
\_\_\_\_\_.

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

Briefly explain how you would like to see this complaint to be resolved. (You may use additional pages if necessary).

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

Signature (Required)\_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yyyy)

**BROWN COUNTY**  
**ADA DISCRIMINATION COMPLAINT FROM**

**PURPOSE:** The purpose of this form is to assist you in filing a discrimination complaint. You are encouraged, but not required, to use this form to file your complaint. If you choose to write a letter, you must submit a signed copy of your complaint, it must contain all of the information requested in this form and be signed by you or your authorized representative.

You may send your complaint by mail or email to 200 South Broadway, Suite 111, Brownwood, Texas 76081 telephone number 325-643-2828 or Email the complaint to [stephanie.upfold@browncountytexas.gov](mailto:stephanie.upfold@browncountytexas.gov). You must submit a signed copy of your complaint. If you send your form by email, be sure to attach the signed copy. Incomplete information or an unsigned form may delay the processing of your complaint. For help completing the form or signed letter, you may contact the ADA Coordinator at 325-643-2828.

**FILING DEADLINE:** A complaint must be filed within 180 calendar days from the date of the alleged act of discrimination. Complaints sent by mail will be considered filed on the postmark date. Complaints sent by email or fax will be considered filed on the date the complaint is received and acknowledged by the ADA Coordinator / Regulatory Compliance Officer. If the complaint is not filed on time, the complainant must include a "good cause" explanation for the delay and request a waiver of this filing requirement. Examples of "good cause" may include:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period; or
2. You were seriously ill or incapacitated.

ADA Discrimination Complaint Form |

ADA Coordinator will review the complaint and determine whether the complaint contains enough information about the alleged discrimination to proceed.

If the ADA Coordinator / Regulatory Compliance Officer needs more information in order to clarify the complaint, the ADA Coordinator may contact the complainant. If the complainant fails to provide the requested information in a timely basis, the County may close the complaint.

**POLICY:** Brown County is committed to ensuring that no person on the basis of disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination or retaliation in any program or activity receiving assistance that is administered by Brown County, its subrecipients and/or its contractors.

PRIVACY ACT STATEMENT( 5 U.S.C. § 552a)

AUTHORITIES: Collection of this information is authorized by Americans with Disabilities Act of 1990 (42 U.S.C. § 12101).

PURPOSE: The information solicited on this form is used for processing complaints of discrimination under the statutes listed in the "Authorities" section of this notice.

DISCLOSURE: Providing this information is voluntary. Failure to complete this form may lead to a delay in processing of the complaint, or rejection of the complaint due to an inadequate basis to continue processing. If your complaint is dismissed you will be notified.

The information you provide in this complaint may be disclosed to outside parties where the County determines that disclosure is: 1) relevant and necessary; 2) necessary for enforcement proceedings against a program that the County finds to have violated laws or regulations; 3) in response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) to the United States Civil Rights Commission in response to its request for information.

For more information or assistance, you may contact the ADA Coordinator at 200 South Broadway, Suite 111, Brownwood, Texas 76081 telephone number 325-643-2828 or Email the complaint to [stephanie.upfold@browncountytexas.gov](mailto:stephanie.upfold@browncountytexas.gov)