

**SECTION 504 – REHABILITATION ACT OF 1973  
AMERICANS WITH DISABILITIES ACT OF 1990**



**ADA COMPLAINT PROCEDURES  
HALL COUNTY, NEBRASKA**

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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 Hall County, Nebraska. The Hall County Personnel Rules 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 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 60 calendar days after the alleged violations to the designated ADA/Section 504 Coordinator:

Facilities Director, Zoning Administrator & ADA/504Coordinator  
114 South Sycamore Street  
Grand Island, Nebraska  
Phone (308) 385-5049  
Office Hours: Monday -Friday, 8:00a.m.-11:30a.m. and 12:30p.m.-5:00p.m.

Within 15 calendar days after receipt of the complaint, the ADA / Section 504 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 / Section 504 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 audiotape. The response will explain the position of Hall County, Nebraska, and offer options for substantive resolution of the complaint.

If the response by the ADA / Section 504 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 Chairman of the Facilities Committee of the Hall County Board of Supervisors or his/her designee. Appeals should be directed to the Hall County Board Assistant, 121 S. Pine Street, Grand Island, NE 68801, telephone 308-385-5093. Within 15 calendar days after receipt of the appeal, the Chairman of the Facilities Committee of the Hall County Board of Supervisors will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Hall County Facilities Director or his/her designee will respond in writing and, where appropriate, in a format accessible to the complainant, with a formal resolution of the complaint.

All written complaints received by the ADA/Section 504 Coordinator or his/her designee, appeals to the Chairman of the Facilities Committee of the Hall County Board of Supervisors or his/her designee, and responses from these two offices will be retained by Hall County for at least three years.

A full copy of the policy is available by contacting the Hall County ADA/504 Coordinator at:  
Facilities Director, Zoning Administrator & ADA/504Coordinator  
114 South Sycamore Street  
Grand Island, Nebraska  
Phone (308) 385-5049

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**HALL COUNTY, Nebraska  
ADA Complaint Form**

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973, Hall County, Nebraska, will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities. Hall County, Nebraska, does not discriminate on the basis of disability in its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. Questions, complaints, or requests for additional information or accommodation regarding the ADA and Section 504 may be forwarded to the designated ADA/Section 504 Coordinator.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

1. Complainants' Name \_\_\_\_\_
2. Street Address \_\_\_\_\_
3. City, State and Zip Code \_\_\_\_\_
4. Telephone Number (home) \_\_\_\_\_ business \_\_\_\_\_  
Cell \_\_\_\_\_
5. Person discriminated against (if someone other than the complainant)  
  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_

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6. What date did the alleged discrimination take place and the location? Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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7. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, check all that apply:

\_\_\_ Federal Agency      \_\_\_ Federal Court      \_\_\_ State Agency  
\_\_\_ State court      \_\_\_ Local Agency

8. Please provide information about a contact person at the agency/court where the complaint was filed.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

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Complainant's Signature

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Date

**Please file ADA Complaint with:**  
Facilities Director, Zoning Administrator & ADA/504Coordinator  
114 South Sycamore Street  
Grand Island, Nebraska  
Phone (308) 385-5049  
Office Hours: Monday -Friday, 8:00a.m.-11:30a.m. and 12:30p.m.-5:00p.m.