

BEFORE THE BOARD OF NORTHEAST TRI COUNTY HEALTH DISTRICT

IN THE MATTER OF THE AMERICANS ) RESOLUTION 04-2009  
WITH DISABILITIES ACT )  
 ) ADOPTING A NEW ADA GRIEVANCE  
 ) PROCEDURE

WHEREAS, the Board of Health of the Northeast Tri County Health District finds that there is a need for a grievance procedure to be in compliance with the requirements of the Americans With Disabilities Act; AND

NOW, THEREFORE:

IT IS HEREBY RESOLVED by the Board of Health of the Northeast Tri County Health District that the attached is adopted as the "NORTHEAST TRI COUNTY HEALTH DISTRICT AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE".

Done this 21st day of October, 2009 in Colville, Washington and effective immediately upon signatures as of this date.

\_\_\_\_\_  
Board Member, City of Republic

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Board Member, Ferry County

*H. Clarence Burman*  
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Board Member, City of Chewelah

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Board Member, Ferry County

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Board Member, Town of Metaline

\_\_\_\_\_  
Board Member, Pend Oreille County

*E. W. ...*  
\_\_\_\_\_  
Health Officer

\_\_\_\_\_  
Board Member, Pend Oreille County

*...*  
\_\_\_\_\_  
Board Member, Stevens County

*Larry ...*  
\_\_\_\_\_  
Board Member, Stevens County

**NORTHEAST TRI COUNTY HEALTH DISTRICT  
GRIEVANCE PROCEDURE UNDER THE AMERICANS WITH DISABILITIES ACT**

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 Northeast Tri County Health District. The Health District's Personnel Policy 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 a 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 sixty (60) calendar days after the alleged violation to:

**Health District Administrator  
P.O. Box 270  
240 E. Dominion  
Colville, WA 99114  
509-684-1301 or 1-800-827-3218**

Within fifteen (15) calendar days after receipt of the complaint, the Health District Administrator or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within fifteen (15) calendar days of the meeting, the Health District Administrator or their designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the Health District and offer options for substantive resolution of the complaint.

If the response by the Health District Administrator or their designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within fifteen (15) calendar days after receipt of the response to the Appeal Committee of the Board of Health of Northeast Tri County Health District.

Within fifteen (15) calendar days after receipt of the appeal, the Appeal Committee of the Board of Health of Northeast Tri County Health District will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, the Appeal Committee or their designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.