Americans with Disabilities Act Notice

In accordance with Title II of the Americans with Disabilities Act of 1990 (“ADA”), Dallas County will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Requests for Aid, Service, or Policy Modification: Generally, upon request and at no cost to the requestor, Dallas County will provide appropriate communication aids and services and make reasonable modifications to its policies and procedures to ensure that qualified persons with disabilities have an equal opportunity to participate in Dallas County’s programs, services, and activities. A person may request such aids, services, or policy modifications by contacting the ADA Coordinator/Fire Marshal’s Office at 214-653-7970 as soon as possible but no later than 48 hours before the scheduled event. The ADA does not require Dallas County to take any action that would fundamentally alter the nature of its programs or services or that would impose an undue financial or administrative burden.

Grievance Procedure

This Grievance Procedure is established to meet the requirements of the ADA for resolving non-employment-related complaints of disability discrimination. Any person may file a complaint alleging disability discrimination by Dallas County in its provision of services, activities, programs, or benefits. Dallas County will retain all written complaints for three years.

Complaint: A complaint may be made using the below form or by providing the name, address, and phone number of the grievant and the location, date, and description of the problem. If possible, a complaint should be in writing, but alternative means are available upon request for a person with a disability. The complaint should be submitted as soon as possible but no later than 60 calendar days after the alleged violation to the Dallas County ADA Coordinator/Fire Marshal at 600 Commerce Street, Room B-15, Dallas, TX 75202. Phone: 214-653-7970. The ADA Coordinator will contact the grievant within 15 calendar days to discuss the complaint and possible resolutions. Within 15 calendar days of that meeting, the ADA Coordinator will respond in writing, and, when appropriate, in a format accessible to the grievant. The response will explain Dallas County’s position and offer options for substantive resolution.

Appeal: If the ADA Coordinator’s response does not satisfactorily resolve the issue, the grievant may appeal the decision within 15 calendar days of receiving it to the Dallas County Administrator at 411 Elm Street, 2nd Floor, Dallas, TX 75202. Phone: 214-653-7327. The Dallas County Administrator will contact the grievant within 15 calendar days to discuss the complaint and possible resolutions. Then, within 15 calendar days of that meeting, the Dallas County Administrator will respond in writing, and, when appropriate, in a format accessible to the grievant, with a final resolution of the complaint.
Dallas County
Disability Discrimination Complaint

General Information
Today’s date: ________________________________
Name of Grievant: ________________________________
Address of Grievant: ________________________________
Telephone number of Grievant: __________________________
Email address of Grievant: ________________________________
Name, address, and telephone number of alternate contact person: ________________________________

Information Regarding the Alleged Access Denial
Department involved: ________________________________
Date: ________________________________
Location: ________________________________
Relevant disability: ________________________________
Way in which Grievant was discriminated against or denied the benefits of a Dallas County services, program, or activity on account of a disability: ________________________________
Names of involved Dallas County employees: ________________________________
Names, addresses, and telephone numbers of eyewitnesses: ________________________________
Way in which Grievant believes the problem may be resolved: ________________________________
Additional information: ________________________________