



## EL PASO COUNTY COMMISSIONERS COURT ORDER

### Public Requests for Accommodations under the Americans with Disabilities Act (“ADA”) Policy

**Adopted Date: October 28, 2024**

**Revised Date:**

#### I. Purpose

- A. El Paso County establishes this policy to meet the requirements of Title II of the Americans with Disabilities Act of 1990 (“ADA”), which requires that all state and local governments follow the ADA to ensure that people with disabilities can fully participate in all aspects of civic life. El Paso County is further committed to safeguarding the privacy and confidentiality of individuals requesting accommodations under this policy, ensuring that information is shared only with those directly involved in the accommodation process and handled with the highest level of care.
- B. This policy does not apply to employment-related ADA accommodation requests.

#### II. ADA Accommodations Requirements

- A. The ADA includes specific requirements for state and local governments. For example, state and local governments, including the El Paso County, must:
  - 1. Communicate with people with disabilities as effectively as they communicate with others;
  - 2. Make reasonable modifications to policies, practices, and procedures where needed to make sure that a person with a disability can access the state or local government’s programs, services, or activities;
  - 3. Allow service animals to be with their person even if a “no pets” policy exists;
  - 4. Provide program access by ensuring that individuals with disabilities are not excluded from programs because existing buildings or facilities are inaccessible to them; and
  - 5. Follow specific standards for physical accessibility when building or altering a building or facility.
- B. State and local governments do not need to modify a policy or provide a requested accommodation if modifying the policy or providing the program, service, or activity would result in fundamentally altering the nature of the program, service, or activity, or impose an undue administrative burden or financial burden. The undue burden should be documented.

#### III. Definitions

- A. **Disability.** The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. *Major life activities are basic activities that most people can perform with little or no difficulty.* Some examples of major life activities include:

1. Actions like eating, sleeping, speaking, and breathing.
2. Movements like walking, standing, lifting, and bending.
3. Cognitive functions like thinking and concentrating.
4. Sensory functions like seeing and hearing.
5. Tasks like working, reading, learning, and communicating.
6. The function of individual organs like the heart, lungs, or pancreas; and/or
7. The operation of major bodily functions like circulation and reproduction. **Major Bodily Functions** include, but are not limited to, the following:
  - a. functions of the immune system,
  - b. normal cell growth,
  - c. digestive,
  - d. bowel,
  - e. bladder,
  - f. neurological,
  - g. brain,
  - h. respiratory,
  - i. circulatory,
  - j. endocrine, and/or
  - k. reproductive functions.

This definition includes a person who has a record of such an impairment (e.g., such as cancer that is in remission). It also includes an individual who is regarded as having a disability (e.g., severe burn victims). The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability.

- B. **Public Requestor.** For the purposes of this procedure, a Public Requestor ("Requestor") is considered any individual from the general public requesting an ADA accommodation due to an ADA defined disability. This definition does not include an accommodation requested by an employee related to the employee's job.
- C. **Reasonable Accommodation.** Refers to the County making necessary modifications in policies, practices, or procedures to ensure that people with disabilities have equal access to programs, services, and activities, unless these modifications would fundamentally alter the nature of the service or cause an undue burden.
- D. **Undue Burden.** Refers to a significant difficulty or expense incurred by the County when providing modifications or accommodations for individuals with disabilities. Determining whether an action constitutes an undue burden involves considering various factors, including the nature and cost of the modification, the overall financial resources of the entity, and the impact on the operation of the service, program, or activity.

#### IV. **Public Request for ADA Accommodations Procedure**

- A. **Request for an ADA Accommodation.** Each El Paso County department is responsible for receiving and reviewing ADA accommodation requests for any program, service, or activity the department provides to the public. The Public Requestor will submit their request in writing to the appropriate department using El Paso County's "*ADA Accommodation Request Form*" (**Attachment A**). Upon request, the department may assist the Public Requestor with completing the "*ADA Accommodation Request Form*".

- B. **Notification:** The department may require an advance notice of at least three (3) business days from the requestor for any ADA accommodation requests that are not immediately available (e.g., sign language interpreters, providing assistive technology, etc.). However, accommodations immediately available to the requestor (e.g., allowing service animals into public areas where pets are not typically allowed, reading a document, etc.) should be provided without delay.
- C. **ADA Notice.** The department will provide the Public Requestor with a copy of El Paso County's ADA Notice (**Attachment B**) upon their request for an accommodation. The department should document when the ADA Notice is provided to the Public Requestor.
- D. **Departmental Review.** The department will determine if reasonable ADA accommodation may be provided to the Public Requestor. Departments may refer to their internal policies and procedures for guidance.

Accommodations the department can provide include, but are not limited to, making reasonable modifications in practices and procedures; or furnishing auxiliary aids, services, equipment, devices, or materials, such as assistive listening devices, qualified American Sign Language ("ASL") or other types of interpreters, real-time computer-aided transcription services ("CART"), qualified readers, in large print, Braille, electronic, or audio format.

Some examples of aids and services that a department cannot provide as an ADA accommodation include such things as legal counsel or legal advice, transportation to or from a County facility or program, personal devices (such as wheelchairs, hearing aids, or prescription glasses), medication, or personal services (such as medical or attendant care).

- E. **ADA Coordinator Assistance.** If a department is unsure if it has the resources or ability to provide the requested accommodation, the department may contact the Human Resources ("HR") Department ADA Coordinator for assistance. The type of assistance the ADA Coordinator may provide includes, but is not limited to, the following:
  - 1. **Support Needs Assessments.** Guide departments in evaluating the specific needs of the requestor to determine appropriate accommodations.
  - 2. **Verify Eligibility.** May assist departments in confirming that the requestor is eligible for ADA accommodations under Title II regulations. (See Section IV(F), ADA Medical Certification Form).
  - 3. **Consult with Relevant Departments.** Facilitate coordination among internal departments to understand the implications and feasibility of the requested accommodations.
  - 4. **Develop Accommodation Plans.** Aid departments in creating detailed plans outlining the steps, resources, and timeline for providing the necessary accommodations.
  - 5. **Identify Funding Sources.** May assist departments in coordinating with the Budget Department to identify potential funding sources for implementing accommodations.
  - 6. **Communicate with Requestors.** May assist departments in informing requestors about the proposed accommodation plans, including any actions required from them.
  - 7. **Implement Accommodations.** Assist departments in overseeing the execution of accommodation plans to ensure they are provided as agreed.

- F. **ADA Medical Certification Form (Optional).** In most instances, a department should be able to accommodate an ADA request promptly and without the need for documentation of the disability. However, in some instances, such as when a Public Requestor requires long-term County services, or is a frequent user of County services, or there are questions regarding the nature of the disability, the department may request additional medical information from the Public Requestor.

A request for medical information must be reasonable and must only be made when the need for the accommodation or the disability itself is not obvious. The request for medical documentation must also be specifically related to verifying the existence of the disability and the necessity of an accommodation. The documentation does not need to be extensive or overly detailed. It should be sufficient to establish that the individual has a disability and that the requested accommodation is needed to allow the person to participate fully in the department's programs, services, or activities.

To request medical documentation from a requestor, the department may obtain, through the HR ADA Coordinator, a "Medical Certification Form" (**Attachment C**) for the Public Requestor to complete and return. The department may provide the "Medical Certification Form" to the Public Requestor in-person, by email, or by U.S. Mail, via certified mail with a return receipt, if preferred and when appropriate. The form should be returned to the department for review.

[**Note:** The department must continue to make reasonable, good faith efforts to accommodate the requestor while any additional medical information is pending].

- G. **Providing an ADA Accommodation.** The department is responsible for deciding whether it can provide an ADA accommodation, as well as the appropriate accommodation to provide, to the Public Requestor. The department should document the accommodation in writing using El Paso County's "ADA Accommodation Approval Form" (**Attachment D**). Upon request, the department may provide a completed copy of the form to the Public Requestor.
- H. **Denying an ADA Accommodation.** If the department determines that the ADA accommodation request should be denied, the department head or their designee should provide to the Public Requestor a written statement using El Paso County's "ADA Accommodation Denial Form" (**Attachment E**) explaining the reason(s) for the denial. In addition to the written statement, the department should provide the Public Requestor with a copy of El Paso County's ADA Grievance Procedure (**Attachment F**).

*Before sending the written statement to the Public Requestor, the department should submit the written denial statement to the ADA Coordinator and the departments assigned El Paso County Attorney's Office with a courtesy copy to the Human Resources assigned El Paso County Attorney for legal review. In addition, the department should retain a copy of the written statement for its records.*

- I. **ADA Grievance Procedure and Forms.** If the Public Requestor is dissatisfied with the outcome of their ADA accommodation request for any reason and wishes to file a complaint, the department will provide the Public Requestor with copies of El Paso County's "ADA Grievance Procedure" (**Attachment F**) and "ADA Grievance Form" (**Attachment G**).

V. **Separate Request Per Department.** If the Public Requestor is seeking services from several County departments and is needing an accommodation from each department, the Public Requestor may be requested to submit an ADA accommodation request packet to each department.

VI. **ADA Coordinator**

- A. **Request Log.** The ADA Coordinator will log all ADA public accommodation requests with which the coordinator assists to ensure compliance, accountability, and continuous improvement in accessibility services.
- B. **Conduct Follow-Ups.** The ADA Coordinator may assist departments with performing follow-up reviews with requestors to ensure the accommodations meet their needs and provide ongoing support, if required.
- C. **Monitor Effectiveness.** The ADA Coordinator may assist departments with continuously monitoring the effectiveness of ADA public accommodations and make adjustments as necessary based on feedback.
- D. **County Employee Training.** The ADA Coordinator will be available upon request to conduct training sessions for County employees on ADA public accommodation requirements, disability awareness, and appropriate responses to accommodation requests.
- E. **Compliance Monitoring.** The ADA Coordinator will regularly monitor and review the County's compliance with ADA Title II standards.
- F. **Reporting.** The ADA Coordinator may prepare and submit reports on ADA compliance activities and progress to the HR Department and County Administration.



**EL PASO COUNTY**  
**ADA ACCOMMODATION REQUEST FORM**

To be completed by requesting party

Requestor Name: \_\_\_\_\_

Phone Number and Address: \_\_\_\_\_

**A. Please clarify accommodation requested.**

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?      Yes                      No

If yes, please explain.

Is your accommodation request time sensitive?                      Yes                      No

If yes, please explain.

**B. Please explain the reason for the accommodation request.**

What County service, activity, or program are you having difficulty receiving, participating in, or access?

What limitation is interfering with your ability to receive, participate, or access the above county service, activity, or program?

Have you had any accommodations in the past for this same Limitation?

Yes

No

If yes, what were they and how effective were they?

If you are requesting a specific accommodation, how will that accommodation assist you?

**C. Other.**

Please provide an additional information that may be useful in processing your accommodation request on the next page.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form to the Department/Office where accommodations are being requested.

**Additional Information:**



## EL PASO COUNTY NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

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

**Employment:** *El Paso County* does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

**Effective Communication:** *El Paso County* will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in El Paso County's programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

**Modifications to Policies and Procedures:** *El Paso County* will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in *El Paso County* offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of *El Paso County*, should contact the ADA Coordinator at 500 E. Overland, El Paso Texas 79901; (915) 273-3520; Fax. (915) 273-3858, as soon as possible, but no later than 48 hours before the scheduled event.

The ADA does not require *El Paso County* to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of *El Paso County* is not accessible to persons with disabilities should be directed to the, ADA Coordinator at 500 E. Overland, El Paso Texas 79901; (915) 273-3520; Fax. (915) 273-3858.

*El Paso County* will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.





# MEDICAL CERTIFICATION FORM IN RESPONSE TO AN ADA ACCOMMODATION REQUEST

To be completed by requestor's medical provider

Name of Individual Requesting Accommodation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Instructions to Medical Professional: Please complete this form in detail and sign the last page.

## A. Questions to help determine whether an individual has a disability.

For reasonable accommodation under the ADA, an individual has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an individual has a disability:

Does the individual have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what is the impairment or the nature of the impairment?

Answer the following question based on what limitations the individual has when his or her condition is in an active state and what limitations the individual would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity as compared to most people in the general population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Note:** Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the manner in which the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.

**OR**

Describe the individual's limitations when the impairment is active.

If yes, what major life activity(s) (includes major bodily functions) is/are affected?

- |  |  |                                   |                                   |  |
|--|--|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Bending         | <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Breathing       | <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Reading  | <input type="checkbox"/> Standing |  |
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Learning                | <input type="checkbox"/> Seeing   | <input type="checkbox"/> Thinking |  |
| <input type="checkbox"/> Concentrating   | <input type="checkbox"/> Lifting                 | <input type="checkbox"/> Sitting  | <input type="checkbox"/> Walking  |  |
| <input type="checkbox"/> Eating          | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working  |  |

Major bodily functions:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Bladder        | <input type="checkbox"/> Digestive     | <input type="checkbox"/> Lymphatic             | <input type="checkbox"/> Reproductive                |
| <input type="checkbox"/> Bowel          | <input type="checkbox"/> Endocrine     | <input type="checkbox"/> Musculoskeletal       | <input type="checkbox"/> Respiratory                 |
| <input type="checkbox"/> Brain          | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological          | <input type="checkbox"/> Special Sense Organs & Skin |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hemic         | <input type="checkbox"/> Normal Cell Growth    | <input type="checkbox"/> Other: (describe)           |
| <input type="checkbox"/> Circulatory    | <input type="checkbox"/> Immune        | <input type="checkbox"/> Operation of an Organ |  |

**B. Questions to help determine whether an accommodation is needed.**

An individual with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is interfering with the individual's ability to receive, participate in, or access County services, activities, or programs?

What County service, activity, or program is the individual having trouble receiving, participating in, or accessing because of the limitation(s)?

How does the individual's limitation(s) interfere with his/her ability to receive, participate in, or access the County service, activity, or program?

**C. Questions to help determine effective accommodation options.**

If an individual has a disability and needs an accommodation because of the disability, the County must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations? If so, what are they?

How long will the accommodation be needed?

How would your suggestions improve the individual's ability to receive, participate in, or access County services, activities, or programs?

**D. Additional information.**

Please provide any additional information that may be useful in processing the accommodation request.

Medical Professional's Signature:

Date:

Medical Professional's Phone Number and Address:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



## ADA ACCOMMODATION APPROVAL FORM

To be completed by department

Name of Individual Requesting Accommodation:

Date of Approval:

Phone Number:

Address:

Accommodation(s) Approved:

### STEPS NEEDED TO IMPLEMENT

Does equipment need to be ordered, a service purchased, or modifications made to the structure?

If yes, identify type of equipment, construction, or services being obtained.

Yes

No

Who needs to be notified of the accommodation?

If necessary, what other steps need to be taken?

### TIMEFRAMES

Expected completion date for implementation of accommodation.

Date:

Expected completion date for maintenance, if needed.

Date:

Is the accommodation being provided on a trial basis?

Yes

No

If yes, when is the expected end date of the trial period?

Date:

Comments:

**PRINTED NAMES AND SIGNATURES**

Name of Department:

Date:

Department Head/ Designee



## ADA ACCOMMODATION DENIAL FORM

To be completed by department

Name of Individual Requesting Accommodation:	Date of Denial:
Phone Number:	
Address:	

Accommodation(s) Denied:

### REASON(S) FOR DENIAL

<b>Does not Meet the ADA Definition of a Disability:</b> The individual does not have a physical or mental impairment that substantially limits one or more major life activities, does not have a history or record of such an impairment, or is perceived by others as having such an impairment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Undue Financial or Administrative Burden:</b> The accommodation would require significant difficulty or expense, taking into account the resources available to the public entity.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Fundamental Alteration:</b> The requested accommodation would fundamentally alter the nature of the service, program, or activity.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Not Necessary for Access:</b> The accommodation is not necessary for the individual with a disability to access the service, program, or activity of the public entity.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Health or Safety Risks:</b> The accommodation would pose a direct threat to the health or safety of others, which cannot be mitigated or eliminated by another reasonable accommodation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Not a Qualified Individual:</b> The individual requesting the accommodation does not meet essential eligibility requirements for the service, program, or activity, even with the accommodation (e.g., if a program requires participants to perform a specific task and the individual cannot perform this task even with an accommodation).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Lack of Disability Documentation:</b> Insufficient documentation to verify that the individual has a disability that necessitates the requested accommodation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Speculative or Infeasible Requests:</b> The request is based on speculation or is otherwise deemed infeasible or unreasonable after consideration of the circumstances.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**COMMENTS (ATTACH ADDITIONAL PAGES IF NECESSARY)**

Provided El Paso County's ADA Grievance Procedure and Form

Yes

No

**PRINTED NAMES AND SIGNATURES**

Name of Department:

Department Head/Designee:

Date:



**THE COUNTY OF EL PASO**  
**Grievance Procedure under**  
**the Americans with Disabilities Act**

**Grievances Regarding Physical Access:**

This Grievance Procedure is established to meet the requirements of Title II 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 El Paso County.

The grievance may be in writing as provided for on the El Paso County ADA Grievance Form, and contain information about the alleged discrimination such as name, address, phone number of the grievant and location, date, and description of the problem. Alternative means of filing grievances, such as personal interviews or a tape recording of the grievant will be made available for persons with disabilities upon request.

The grievance should be submitted by the grievant and/or his/her designee as soon as possible but no later than sixty (60) business days after the alleged violation to the:

**ADA Coordinator**  
**500 E. Overland**  
**El Paso, Texas 79901**  
**(915) 273-3520; Fax (915) 273-3858**

Within fifteen (15) business days after receipt of the grievance, the County ADA Coordinator or designee will make all reasonable efforts to meet with the grievant to discuss the grievance and the possible resolutions. Within fifteen (15) business days of the meeting, County ADA Coordinator or designee will respond in writing, and where appropriate, in a format accessible to the grievant, such as large print, Braille, or audio tape. The response will explain the position of El Paso County and offer options for substantive resolution of the grievance.

**Grievances Regarding Program Activity Participation or Receipt of County Services:**

The grievance should be submitted by the grievant and/or his/her designee as soon as possible but no later than ten (10) business days after the alleged violation to the:

**ADA Coordinator**  
**500 E. Overland**  
**El Paso, Texas 79901**  
**(915) 273-3520; Fax (915) 273-3858**

Within five (5) business days after receipt of the grievance, the County ADA Coordinator or designee will make all reasonable efforts to meet with the grievant to discuss the grievance and the possible resolutions. Within five (5) business days of the meeting, County ADA Coordinator or designee will respond in writing, and where appropriate, in a format accessible to the grievant, such as large print, Braille, or audio tape. The response will explain the position of El Paso County and offer options for substantive resolution of the grievance.



**Appeal of Grievances Regarding Physical Access, Program Activity Participation, or Receipt of County Services:**

If the response by County ADA Coordinator or designee does not satisfactorily resolve the grievance, the grievant and/or his/her designee may notify County ADA Coordinator or designee that they intend to appeal the decision.

Within ten (10) business days after receipt of the notice of the appeal, County ADA Coordinator or designee places an item on the agenda of the El Paso County Commissioners Court. In the event the subject of the grievance is of a sensitive nature as determined by the Commissioners Court, the Commissioners Court shall table the item for one week, and the Commissioners Court shall designate two members of the Commissioners Court to meet with the El Paso County ADA Coordinator or designee (Collectively known as the Grievance Committee) and the Grievant to resolve the issue(s) if possible. The Grievance Committee shall then forward the resolution to the Commissioners Court in a timely fashion. The El Paso County Commissioners Court will respond in writing, and, where appropriate, in a format accessible to the grievant, with a final resolution of the grievance.

**Grievances Regarding Employment Practices:**

All grievances regarding alleged discrimination by El Paso County on the basis of disability in the hiring or employment practices under Title I of the Americans with Disabilities Act of 1990 ("ADA") are addressed by the procedures in the El Paso County Civil Service Rules and Regulations, or the El Paso County Employee Handbook. Any grievances regarding discrimination in hiring or employment practices should be submitted to the:

**-ADA Coordinator  
500 E. Overland  
El Paso, Texas 79901  
(915) 273-3520; Fax (915) 273-3858**

**Grievance Record Retention Policy:**

All written grievances received by El Paso County, appeals to the El Paso County Commissioners Court, and responses from these offices will be retained by El Paso County for at least three years.



## AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM FOR ACCESS/PARTICIPATION IN FACILITIES, PROGRAMS, AND SERVICES

Name of Grievant:	Date:
Address of Grievant:	Telephone #:

Name, Address, Telephone # of Grievant Representative:

Please fill out the following questions regarding your complaint against the County facility, program or service. If you have any questions or need assistance in filling out this form, please contact El Paso County, Human Resources Office ADA Coordinator (915) 273-3520 or [a.manning@epcountytexas.gov](mailto:a.manning@epcountytexas.gov).

I was denied access or services on:	Date:
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Department of facility (address of buildings or parks) alleged to have denied access, service, or was inaccessible.

I'm seeking access to the following:

- Facility       Program       Service       Activity

I need:

- An Accommodation (for an activity, program, or service, example: need large print documents).  
 A Modification (for a building or park, example: building needs a ramp)

Please describe the particular way in which you believe you have been denied access to County of El Paso facilities and/or participation in any County of El Paso service, program, or activity or have otherwise been subjected to discrimination. Please specify dates, times, and places of incidents, and names and/or positions of agency employees involved, if any, as well as names, addresses and telephone numbers of any eyewitnesses to any such incident. Attach additional pages if necessary.

Describe the way in which you feel participation may be accomplished to the benefits described above, or the way in which accommodation could be provided to allow access:

Deliver, Mail, or Fax this form to:

County of El Paso  
ADA Coordinator  
500 E. Overland  
El Paso, TX 79901  
Phone: 915-273-3520  
Fax: 915-273-3858