



**Shoshone County, Idaho  
Grievance Procedure  
Adopted by Resolution 2013-17**

Any person who believes that he or she, individually, as a member of any specific class, or in connection with any disadvantaged business enterprise, has been subjected to discrimination prohibited by Title VI of the Civil Rights Act of 1964, the American with Disabilities Act of 1990, Section 504 of the Vocational Rehabilitation Act of 1973 and the Civil Rights Restoration Act of 1987, as amended, may file a complaint with Shoshone County. A complaint may also be filed by a representative on behalf of such a person. All complaints will be referred to Shoshone County Clerk, Peggy White, Title VI Coordinator for review and action.

In order to have the complaint considered under this procedure, the complainant must file the complaint no later than 180 days after:

- (a) The date of alleged act of discrimination; or
- (b) Where there has been a continuing course of conduct, the date on which that conduct was discontinued.

In either case, Shoshone County may extend the time for filing or waive the time limit in the interest of justice, specifying in writing the reason for so doing.

Complaints shall be in writing and shall be signed by the complainant and/or the complainant's representative. Complaints shall set forth as fully as possible the facts and circumstances surrounding the claimed discrimination. In the event that a person makes a verbal complaint of discrimination to an officer or employee of Shoshone County, the person shall be interviewed by the Title VI Coordinator. If necessary, the Title VI Coordinator will assist the person in reducing the complaint to writing and submit the written version of the complaint to the person for signature. The complaint shall then be handled according to the Sponsor's investigative procedures as outlined below.

Please Note This Exception to the Procedures Below: All complaints regarding accessibility for the disabled must be forwarded directly to the Idaho Transportation Department (ITD) for investigation.

Within 10 days, the Title VI Coordinator will acknowledge receipt of the allegation, inform the complainant of action taken or proposed action to process the allegation, and advise the complainant of other avenues of redress available, such as to ITD and/or the US Department of Transportation (USDOT).

When filing a grievance, citizens must provide detailed information to allow an investigation, including the date, location and description of the problem (Complaint Form Attachment "A"). The grievance should be in writing and should include a) the name, address, telephone number of the complainant; b) name(s) and address(es) of alleged discriminating official(s); c) basis of complaint (i.e., race, color, national origin or sex); d) date of alleged discriminatory act(s); e) date

of complaint received by Shoshone County; f) a statement of the complaint; g) other agencies (state, local or Federal) where the complaint has been filed; h) an explanation of the actions the county has taken or proposed to resolve the issue raised in the complaint.

Within 60 days, the Title VI Coordinator will conduct an investigation of the allegation and based on the information obtained, will render a recommendation for action in a report of findings to 504 ADA/Title VI Coordinator Peggy White. The complaint should be resolved by informal means whenever possible. Such informal attempts and their results will be summarized in the report of findings.

Within 90 days of receipt of the complaint, Peggy White will notify the complainant in writing of the final decision reached, including the proposed disposition of the matter. The notification will advise the complainant of his/her appeal rights with ITD, or USDOT, if they are dissatisfied with the final decision rendered by Peggy White. The Title VI Coordinator will also provide ITD with a copy of this decision and summary of findings upon completion of the investigation.

Contacts for the different Title VI administrative jurisdictions are as follows:

Peggy White  
Shoshone County 504 ADA/Title VI Coordinator  
700 Bank Street, Suite 120  
Wallace, ID 83873  
(208) 752-1264

Idaho Transportation Department  
Equal Employment Opportunity Office – External Programs  
EEO Manager, Title VI & ADA Coordinator  
P.O. Box 7149  
Boise, ID 83707-1129  
(208) 334-8266

Federal Highway Administration  
Idaho Division Office  
Peter Hartman, Division Administrator  
3050 Lake Harbor Lane, Suite 126  
Boise, ID 83703  
(208) 334-9180

Other Complaint Procedures

All individuals have a right to a prompt and equitable resolution. Individuals or classes of individuals who believe they have been subjected to discrimination based on disability have several ways to file a grievance:

- use the grievance procedure provided by the public entity
- file a complaint with any agency that provides funding to the public entity
- file with one of the eight federal agencies designated in the Title II regulations

Under Title II, filing a grievance with the public entity's ADA Coordinator, filing a complaint with a federal agency, or filing a lawsuit may be done independently of the others. Individuals are not required to file either a grievance or complaint to bring a lawsuit. Lawsuits may be filed at any time. The following are four of the eight agencies where a Title II complaint can be filed:

Department of Justice (DOJ)  
Civil Rights Division  
Public Access Section  
P.O. Box 66738  
Washington, DC 20035-9998

Department of Housing & Urban Development  
(HUD), Community Planning & Development  
451 7th Street  
Washington, DC 20410-4000

Architectural & Transportation Barriers Compliance Board (ATBCB)  
1331 F. Street, N.W., Suite 1000  
Washington, DC 20004-1111

Equal Employment Opportunity Commission (EEOC)  
1801 L Street, N.W.  
Washington, DC 20507

**Attachment A**

**TITLE VI – Complaint Form**  
Shoshone County, State of Idaho  
700 Bank Street, Suite 120  
Wallace, ID 83873

Title VI, Civil Rights Act, 1964 states “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.” Two Executive Orders extend Title VI protections to Environmental Justice, which also protects persons of low income, and Limited English Proficiency (LEP).

The following information is necessary to assist us in processing your complaint. Should you require assistance in completing this form, please contact our office.

Date complaint received: \_\_\_\_\_

1. Complainant’s Name (Print) \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

5. Person discriminated against (if other than complainant): \_\_\_\_\_

6. Indicated protected status you believe was basis for discrimination:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Race/Color          | <input type="checkbox"/> National Origin             | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> Age                 | <input type="checkbox"/> Marital Status              | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Sex                         |                                     |
| <input type="checkbox"/> Mental Disability   | <input type="checkbox"/> Limited English Proficiency |                                     |

7. What date did the alleged discrimination take place? \_\_\_\_\_

8. Explain why you believe discrimination has occurred. Please provide dates, location and time of discrimination. If there are witnesses, please provide names, addresses and telephone numbers. Use additional sheets as necessary.

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

**Attachment A**  
**TITLE VI – Complaint Form**  
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9. Indicate the person(s) you believe responsible for the discrimination:  
Name &  
Agency: \_\_\_\_\_  
Work Location (if known): \_\_\_\_\_

10. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?      \_\_\_Yes      \_\_\_No

11. What remedy are you requesting? Please be specific.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Complete and return this form to Peggy White, Shoshone County Clerk, 700 Bank Street, Suite 120, Wallace, ID 83873.