

**AMERICANS WITH DISABILITIES ACT  
TRANSITION PLAN UPDATE**

**Dodge County, Georgia**

**April 15, 2013**

**Revised October 13, 2021**

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## Section 1: Purpose

Dodge County has prepared this **Transition Plan** to comply with the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973 as amended.

The update encompasses Dodge County's local government facilities such as:

Dodge County Road Department Shop, Dodge Avenue, Eastman, Georgia 31023  
Dodge County Offices, 5016 Courthouse Square, Eastman, Georgia 31023  
Dodge County Courthouse, 540 Courthouse Square, Eastman, Georgia 31023  
Dodge County Health Department, 504 Plaza Drive, Eastman, Georgia 31023  
Dodge County E-911, 5417 Oak Street, Eastman, Georgia 31023  
Dodge County Jail, 5106 Courthouse Square, Eastman, Georgia 31023  
Dodge County UGA Extension, 208 Foster Street, Eastman, Georgia 31023  
Dodge County Correctional Facility, 79 Industrial Blvd., Eastman, Georgia 31023  
Eastman-Dodge Recreational Facilities, Eastman-Dublin Hwy, Eastman, Georgia 31023  
Dodge County Tax Assessor, 5018 Courthouse Circle, Eastman, Georgia 31023  
Dodge County Magistrate, 5018 Courthouse Circle, Eastman, Georgia 31023  
Dodge County Pearl Bates Annex, 643 Pearl Bates Ave, Eastman, Georgia 31023  
Dodge County Transit, 112 2<sup>nd</sup> Avenue, Eastman, Georgia 31023

Dodge County complies with the Americans with Disabilities Act of 1990, Public Law 101-336 (ADA). This Act prohibits discrimination on the basis of disability and requires that no qualified individual with a disability shall, on the basis of that disability be denied the benefits of Dodge County's services, programs, activities or employment with Dodge County.

In compliance with Section 35, 106 of ADA's Title II regulations, all applicants, participants, beneficiaries and other interested individuals may obtain more information at [www.ada.gov](http://www.ada.gov).

Dodge County ADA Compliance Officer, responsible for the coordination, development and implementation of the Transition Plan:

Name	Rob Stanley
Title	Building Inspector
Organization	Dodge County
Street Address	540 Courthouse Square
City, State, Zip	Eastman, GA 31023
Phone Number	478-285-3658

## **Section 2: Address of Grievance**

Any person with a disability or any parent or guardian who represents a minor person with a disability, who believes that they have been the subject of disability-related discrimination on the basis of the denial of access to facilities, programs or services, may file a grievance.

In compliance with the above requirements, Dodge County has adopted and published the Dodge County Grievance Policy and Procedure for Disabled Individuals, located in Appendix A.

## **Section 3: Standards for Accessibility**

**Dodge County** applies the following guidelines, manuals, standards and details:

1. The Americans with Disabilities Act Accessibility Guidelines
2. Federal Highway Administration Manual on Uniform Traffic Control Devices
3. Georgia Department of Transportation Pedestrian and Streetscape Guide

## **Section 4: Action Plan**

Dodge County is aware of ADA requirements and will make every effort to comply.

# Appendix A

## Dodge County Grievance Policy and Procedure for Disabled Individuals

### I. DODGE COUNTY GRIEVANCE POLICY AND PROCEDURE FOR DISABLED INDIVIDUALS ADOPTED PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, 42 U.S.C 12101, et seq.

### II. POLICY

In compliance with the Americans with Disabilities Act, 42, U.S.C. 12101, et seq, 1990 and 28 C.F.R. 35.107 (B), **Dodge County** desires to establish a policy for providing disabled individuals a local grievance procedure for resolution of complaints lodged under the Act. It is the County Commissioner's stated intention that this policy is intended to assist disabled individuals by providing access to the programs, services and facilities of Dodge County Government.

### III. ADMINISTRATION

The County Commissioner as an official portion of this policy and procedure has established several administrative positions with certain responsibilities as follows:

1. ADA Coordinator. The County Manager shall serve as or designate an individual to serve as ADA Coordinator until his or her successor is appointed. It shall be the duty and responsibility of this individual to maintain all files and records of Dodge County relating to records, grievances and audits for the prescribed period pursuant to the Americans with Disabilities Act. In addition, the Coordinator shall be responsible for insuring that the provisions of this Grievance Policy are implemented and conducted fairly under the terms of the Americans with Disability Act and 28 C.F.R. 35.107 (B), and as these may be amended from time to time. The Coordinator's name shall be posted on the notices as required by the Act.
2. ADA Department Representative. Each Dodge County Department shall designate an individual within the department to serve as the ADA Representative whose duties and responsibilities shall include being the departmental individual charged with providing responses and coordination of information and processing grievances.
3. ADA Committee Panel. The County Manager is hereby authorized to select, in coordination with the Dodge County ADA Coordinator (if a separate individual), a panel of not less than two people to hear appeals or grievances filed pursuant to this policy. It shall be the duty of the panel to render timely decisions and to utilize its best efforts to resolve any disputes presented by the grievance regarding matters under the Americans with Disabilities Act and 28 C.F.R. 35.107 (B), and as these may be amended from time to time.

#### **IV. PROCEDURE FOR FILING AND CONSIDERING A GRIEVANCE**

- a. Any individual desiring to file a grievance shall complete the ADA grievance form, which is adopted in the form attached hereto and shown as Exhibit "A" herein. The completed form should be submitted to the Department ADA Representative no later than five (5) working days after the grievant becomes aware of the alleged violation or questioned activity.
- b. Thereafter, the Department's ADA Representative shall investigate and review the grievant's complaint and meet with the grievant within three (3) working days when possible. Resolution at the department level is encouraged. However, if no resolution can be reached, then it shall be the responsibility of the Department's ADA Representative to schedule an informal grievance hearing before the ADA Committee Panel not later than two (2) weeks following the meeting between the ADA Representative and the individual. At the hearing, the Department's ADA Representative and the grievant shall be given the opportunity to submit pertinent information to the panel. Additionally, the Panel may receive information from any interested person. These rules contemplate an information hearing process to provide optimum opportunity to resolve any and all issues presented for discussion.
- c. Thereafter, the Panel shall submit a written determination resolution, if any, which shall be made no later than ten (10) working days following the hearing by the Panel, unless otherwise agreed upon by the parties. The determination of the ADA Committee Panel shall be deemed the final determination.

# EXHIBIT A

## Dodge County Commission

ADA Coordinator      Rob Stanley  
Address                5016 Courthouse Square, Eastman, Georgia 31023  
Phone                 478-374-8127  
Fax                     478-374-8121

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### **Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form**

Instructions: Please fill out this form completely, sign and return to:

Dodge County ADA Coordinator  
Dodge County Board of Commissioners  
643 Pearl Bates Avenue  
Eastman, Georgia 31023

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Person Discriminated Against (if other than complainant): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

County government department, facility or program which you believe has discriminated: \_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

When did the discrimination occur (date)? \_\_\_\_\_

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

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

Have efforts been made to resolve this complaint through the internal grievance procedure of the department or organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the status of the grievance?

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_