



## **AMERICANS WITH DISABILITIES (ADA) POLICY**

### **COUNTY OF BURLESON**

100 West Buck Street  
Caldwell, Texas 77836

#### ADA Contact Information:

Burleson County Treasurer  
Stephanie Smith, County Treasurer  
ADA/504 Coordinator  
100 West Buck Street  
Suite 404  
Caldwell, Texas 77836  
Phone: (979)292-7655  
Fax: (956)292-7034  
Email: [ssmith@burlesoncounty.org](mailto:ssmith@burlesoncounty.org)

**TABLE OF CONTENTS**

A. Introduction and ADA Authorities & Regulatory Requirements.....3  
B. Accessibility Requirements ..... 4  
    1. Establishment of an ADA Coordinator ..... 4  
    2. ADA Accessibility Policy, ADA Assurances & ADA Notice Statement. ....5  
    3. Conduct a Self-Evaluations of All Public Facilities & Programs ..... 5  
    4. Develop a Transition Plan ..... 6  
    5. Design & Build Accessible Facilities & Programs ..... 6  
    6. ADA Complaint and Public Input/Request Procedure ..... 7  
    7. Monitor & Maintain Compliance..... 12  
C. Summary of Attachments..... 13

**BURLESON COUNTY, TEXAS  
ADMINISTRATIVE POLICY MANUAL**

Procedure: ADAP.1  
Page: 3 of 13  
Date Authorized: 10/01/2024  
Supersedes:

**A. INTRODUCTION AND ADA AUTHORITIES & REGULATORY REQUIREMENTS**

The purpose of this Policy is to comply with the Americans with Disabilities Act (hereinafter "ADA" or "Act") and related statutes & regulatory requirements and to assure that persons with disabilities have equal access to Burleson County ("County") facilities, services, programs, activities and employment.

By way of background, Section 504 of the Rehabilitation Act of 1973, requires that all organizations receiving federal funds make their programs available without discrimination to persons with disabilities. The Act, which became known as the "civil rights act" of persons with disabilities, states:

*No otherwise qualified individual with a disability in the United States shall solely by reason of his or her disability be excluded from the participation in be denied the benefits at; or be subjected to discrimination under any program or activity receiving Federal financial assistance. (See Section 504).*

Subsequent to the enactment of the Rehabilitation Act of 1973, Congress passed the ADA on July 26, 1990, and provides a comprehensive mandate of the rights of individuals with disabilities. Details of the ADA can be found at: [www.ada.gov](http://www.ada.gov).

Title II of the ADA covers public entities, including Burleson County government, and all its programs, services, and activities. Title II regulations prohibit public entities from discriminating against or excluding individuals with disabilities from programs, services, or activities on the basis of disability. (See 28 CFR Part 35). The provisions of Title II fall into four broad areas: 1). General non-discrimination, 2). Equal effective communication, 3). Employment and 4). Program and facility accessibility

The County will strive to provide equal opportunity through reasonable modification in policies, practices, or procedures; ensure effective communication through the provisions of auxiliary aids and services; require nondiscriminatory employment practices; and make programs accessible through programmatic or architectural modifications.

The County is obligated to observe requirements of the ADA and the ADA Access Guidelines of 2012 (ADAAG) that apply to facilities and other physical holdings, as well as any other applicable law, as amended. Additionally, the County is to also comply with the Texas Accessibility Standards (TAS), Elimination of Architectural Barriers contained in Texas Government Code, Chapter 469 (See: [https:// www.statutes.capitol.texas.gov/Docs/GV/htm/GV .469.htm](https://www.statutes.capitol.texas.gov/Docs/GV/htm/GV.469.htm) ), as well as Texas Department of Licensing and Regulations, under the Architectural Barriers Act.

## **B. ACCESSIBILITY REQUIREMENTS**

Pursuant to the ADA and other accessibility laws and regulations, including Title II, the County as a public entity with over 50 employees is required to execute the following administrative requirements referenced below to ensure compliance with the law and be eligible to receive federal funds:

1. **Establishment of an ADA Coordinator.** In accordance with §35.107(a), an ADA Coordinator must be designated. Responsibilities of the ADA Coordinator (or designee) will include:
  - a. Familiarity with the ADA and applicable DOJ regulations.
  - b. Monitoring the County's compliance with the ADA and applicable DOJ regulations.
  - c. Coordination of accommodations for visitors and employees.
  - d. Serving as the contact person for people who need information about the **ADA.**
  - e. Educating County officials and employees about their responsibilities under the **ADA.**
  - f. Coordination of self-evaluations and barrier identification.
  - g. Handle ADA grievances.

Anyone who requires auxiliary aid or service for, or has a complaint related to, effective communication, or a modification of policies or procedures to allow participation in a program, service or activity in the County should contact:

Burleson County Treasurer  
Stephanie Smith, County Treasurer ADA/504  
Coordinator  
100 West Buck Street Suite 404  
Caldwell, Texas 77836  
Phone: (979)292-7655  
Fax: (956)292-7034  
Email: [ssmith@burlesoncounty.org](mailto:ssmith@burlesoncounty.org)

Burleson 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 to accommodate access to or participation in programs or services.

**BURLESON COUNTY, TEXAS**  
**ADMINISTRATIVE POLICY MANUAL**

Procedure: ADAP.1  
Page: 5 of 13  
Date Authorized: 10/01/2024  
Supersedes:

The ADA does not require the County to undertake any action that it can demonstrate would result in a fundamental alteration to the nature of a program or activity, would create a hazardous condition for other people, or would represent an undue financial and/or administrative burden. The ADA Coordinator (or designee) shall make these determinations based on an evaluation of available applicable resources and shall provide a statement citing reasons for reaching that conclusion.

2. **ADA Accessibility Policy, ADA Assurances & ADA Notice Statement.** In accordance with 28 CFR §35.106, the County provides information to applicants, participants, beneficiaries, employees, and other interested parties through this policy, as well as the ADA Notice, ADA Nondiscrimination Statement, & ADA Assurances regarding the rights and protections afforded by Title II of the ADA and application of the same to the County's particular programs, services, and activities. (Attachments 01, 02, & 03).
  
3. **Conduct a Self-Evaluations of All Public Facilities & Programs.** In accordance with 28 CFR §35.105, the County will conduct a comprehensive review of the following four major areas in an effort to determine physical obstacles that limit the accessibility of the public entity's programs, services, or activities to people with disabilities. A public entity shall provide an opportunity to interested persons, including individuals with disabilities or organizations representing individuals with disabilities, to participate in the self-evaluation process by submitting comments. The County may hire an independent consultant to conduct a self-evaluation.
  - a. **Policies and Procedures.** The self-evaluation involves a thorough review of general policies and procedures to ensure non-discrimination. The County will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of the County's programs, services, and activities.
  
  - b. **Communications.** The County will, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they may participate equally in the County's programs, services, and activities.
  
  - c. **Employment.** The County does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations

**BURLESON COUNTY, TEXAS  
ADMINISTRATIVE POLICY MANUAL**

Procedure: ADAP .1  
Page: 6 of 13  
Date Authorized: 10/01/2024  
Supersedes:

promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the Americans with Disabilities Act (ADA).

- d. Program Facility Accessibility. Title II of the ADA prohibits public entities from excluding individuals with disabilities from programs, services, or activities because of inaccessible facilities. The County will conduct a facility access review to determine and ensure program accessibility.
4. **Develop a Transition Plan.** In accordance with 28 CFR §35.105, the County will develop an ADA Transition Plan as part of the conducted self-evaluation. At a minimum, the Transition Plan should:
- a. Identify the County's ADA Coordinator by name and include contact information;
  - b. Include the ADA policy and related documents;
  - c. Include the grievance procedure for ADA complaints;
  - d. Include the ADA self-evaluation results (for programs and facilities);
  - e. Identify the design standards for all facilities (buildings, streets, roadway, and walkway assets, including a schedule for providing curb ramps or other sloped areas where pedestrian walks cross curbs.); and
  - f. Include a prioritization schedule for remediating assets and programs that are not ADA compliant and include the following information, if known:
    - The estimated completion date for each item on the schedule; and/or
    - A budget to be applied to the items on the prioritization schedule together with cost estimates for their remediation
  - g. Demonstrate that public involvement opportunities were provided in the development of this plan. (i.e.: including, but not limited to requesting public input at public meetings and/or through public surveys).
  - h. Identify that the plan will be updated periodically to ensure the ongoing needs of the community continue to be met; and
  - i. Effectuate the plan by the signature of the ADA Coordinator upon adoption of the plan by the Burleson County Commissioner's Court.
5. **Design & Build Accessible Facilities & Programs.** The County utilizes the design standards indicated above, including, but not limited to: the ADA Accessibility Guidelines (ADAAG), and the Texas Accessibility Standards (TAS), Proposed Guidelines for Accessible Rights-of-Way (PROWAG).

Generally, the County Facilities & Maintenance Department, under the guidance of the ADA Coordinator shall ensure that County built and operated facilities are

compliant with applicable design standards. During all emergency planning (mitigation, preparedness, response, and recovery), the County's Emergency Management Coordinator shall ensure awareness and compliance with ADA requirements.

**6. ADA Complaint and Public Input/Request Procedure.**

- a. Purpose. Public input regarding ADA-related matters may be obtained as described above while conducting a self-evaluation or developing a transition plan, or through the complaint/input procedure described below. This Complaint Procedure is established to meet ADA requirements and 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 the County of Burleson.

Any person who believes that he or she, individually, as a member of a disabled community, has been subject to discrimination prohibited by the ADA, sections 504 or 508 of the Rehabilitation Act of 1973, as amended, may file a complaint as provided herein. A complaint may also be filed by a representative on behalf of such a person or group.

**Prior to filing a formal complaint, individuals are encouraged, but not required, to bring any such disability-related concern or complaint to the attention of the ADA Coordinator in an effort to resolve the matter informally.**

***BURLESON COUNTY EMPLOYEES - Burleson County employees seeking to file an ADA complaint shall utilize the Burleson County employee complaint process/procedures available through applicable Burleson County policy. Any Burleson County employee utilizing the complaint procedures under this ADA policy will be redirected to follow the Burleson County employee complaint procedure at the County's discretion.***

These procedures do not deny the right of the complainant to file formal complaints with other state or federal agencies or to seek private counsel for complaints alleging discrimination.

- b. Filing an ADA Complaint. The complaint should be in writing and contain information about the alleged discrimination such as Complainant's name,

**BURLESON COUNTY, TEXAS  
ADMINISTRATIVE POLICY MANUAL**

Procedure: ADAP.1  
Page: 8 of 13  
Date Authorized: 10/01/2024  
Supersedes:

address, and method of contact (i.e., telephone number, email address, etc.; location, date, and description of the problem/ alleged disability discrimination; location, names and contact information of any witnesses; and any other information that Complainant deems significant. 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. All complaints must be signed by the complainant and/or by the complainant's representative, unless unable to do so due to disability.

***Time frame for filing a complaint*** If Complainant decides to proceed with a formal ADA complaint, it should be submitted by the Complainant and/or his/her designee as soon as possible but no later than **180 calendar days** after the alleged violation or the date the person(s) became aware of the alleged act(s) of discrimination. The 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.

***Complaint Form:*** Complainant should use the External Title VI/ ADA Discrimination Complaint Form (Attachment 04) to file a formal written complaint alleging discrimination on the basis of disability, which may be obtained in English or Spanish at the Burleson County ADA Coordinator's Office or online at: [www.co.burleson.tx.us](http://www.co.burleson.tx.us)

***Where to file a complaint*** The written complaint form and any supporting documentation should be submitted by the complainant and/or his or her designee to:

Burleson County Treasurer's Office  
Stephanie Smith, County Treasurer  
ADA/504 Coordinator  
100 West Buck Street, Suite 404  
Caldwell, Texas 77836  
Phone: (979)567-2305  
Fax: (979)567-2366  
Email: [ssmith@burlesoncounty.org](mailto:ssmith@burlesoncounty.org)

***ADA Coordinator's Roles & Responsibilities.*** The ADA Coordinator or designee is charged with the primary responsibility of processing ADA discrimination complaints received by the County. Failure to submit an ADA complaint to the ADA Coordinator may result in the complaint not being



**BURLESON COUNTY, TEXAS  
ADMINISTRATIVE POLICY MANUAL**

Procedure: ADAP.1  
Page: 9 of 13  
Date Authorized: 10/01/2024  
Supersedes:

processed. The ADA Coordinator or designee shall follow the processes established herein when addressing an ADA complaint.

- c. Complaint Process. Within ten (10) business days of receipt of a complaint alleging discrimination based on disability, the ADA Coordinator will acknowledge receipt of the complaint and begin an investigation. The ADA Coordinator must also provide appropriate assistance to complainants, including those persons with disabilities, or who may be limited in their ability to communicate in English.

The ADA Coordinator has overall responsibility for the discrimination complaint process and procedures, and may at his/her discretion, assign a capable person to investigate the complaint. The designated investigator will conduct an impartial and objective investigation, collect factual information and prepare a fact-finding report based upon information obtained from the investigation.

The ADA Coordinator shall make every effort to address all complaints expeditiously and thoroughly. The ADA Coordinator will contact the complainant in writing no later than thirty (30) business days after receipt of the complaint for additional information, if needed. The Complaint will be copied, filed, and logged. If the complainant fails to provide the requested information in a timely basis, ADA Coordinator may administratively close the complaint.

The ADA Coordinator will complete the investigation within sixty (60) calendar days of receipt of a complaint. If additional time is needed for the investigation, the complainant will be notified. A written investigation report will be prepared by the ADA Coordinator. This report shall include a summary description of the incident, findings for each issue, and recommended corrective action if any.

If required by applicable grant requirements, the investigation and recommended decision will be forwarded to the appropriate state/federal agency.

**BURLESON COUNTY, TEXAS**  
**ADMINISTRATIVE POLICY MANUAL**

Procedure: ADAP.1  
Page: 10 of 13  
Date Authorized: 10/01/2024  
Supersedes:

- d. Disposition of Complaint. A final written response letter will be provided to the complainant, and where appropriate, in a format accessible to the Complainant, within ten (10) calendar days of completing the investigation. The final response letter will explain the position of the County and, if appropriate, offer options for substantive resolution of the complaint. The Complainant will also be advised of his or her right to appeal the County's decision with the County within five (5) business days from receipt of the closing letter or that they may file a complaint externally with an applicable state/federal agency. If there is no appeal or no findings, the complaint will be closed.
- e. Appeal Process. Upon receipt of a written request for appeal, the ADA Coordinator or designee will verify the timeliness of filing. An appeal request mailed via US mail is considered filed on the date postmarked. If determined to be filed timely, the ADA Coordinator or designee will initiate the ADA Appeal Committee review process and send a notice of receipt of the appeal to the Complainant advising of the appointment of the appeal committee and the general appeal process.

The ADA Appeals Committee will be composed of three (3) members and will be tasked with reviewing any ADA appeal and submitting a written appeal decision. The three member committee will consist of the Elected Official/Department Head or designee of the following three departments/offices: Treasurer's Office/Human Resources, County Judge, and the County Auditor's Office.

If a Committee representative or the representative's department/office is involved in the complaint or is otherwise conflicted to participate as a member of the committee, the ADA Coordinator will have the discretion to choose a replacement. The ADA Appeals Committee will choose one individual among them to serve as chair of the committee. The County's Legal Counsel will serve to advise the committee as needed.

Within thirty (30) calendar days after receipt of the appeal, the County's ADA Appeals Committee will review the Complainant's permanent file including but not limited to the final investigation. During this time, the Committee shall confer a minimum of one (1) time to discuss the matter and their decision.

**BURLESON COUNTY, TEXAS  
ADMINISTRATIVE POLICY MANUAL**

Procedure: ADAP. I  
Page: 11 of 13  
Date Authorized: 10/01/2024  
Supersedes:

After review of the Complainant's permanent file, the Committee shall vote to either:

- i. Accept the County's findings;
- ii. Reject the County's findings;
- iii. Accept in part and Reject in part the County's findings; and/or
- iv. Recommend any applicable action to be taken.

Within 15 calendar days after the ADA Appeals Committee's final decision, the ADA Appeals Committee will provide a written appeal decision to the ADA Coordinator which shall include the Committee's conclusions.

The ADA Coordinator shall provide the complainant with a copy of the ADA Appeals Committee's final appeal decision, and where appropriate, in a format accessible to the Complainant. If necessary, the ADA Coordinator may take the recommended action.

- f. Complaint Logs. The ADA Coordinator shall maintain a log (Attachment 05) of any discrimination complaints or lawsuits filed naming the County of Burleson, which alleges discrimination with respect to disability discrimination and/or ADA concerns. The log shall include information on each complainant to include:

- The identity of the complainant,
- The recipient,
- The claimed disability of the complainant,
- The nature of the complaint,
- The dates the complaint was filed,
- A summary of the allegation,
- The date the investigation was completed,
- The disposition and date of disposition,
- If concerning a lawsuit, include whether the parties to a lawsuit have entered into a consent decree/settlement agreement; and
- Any other pertinent information (such as age)

- g. County Departments/Elected Offices Responsibilities: (under this Section) All ADA/disability discrimination complaints received by a County department/office must be forwarded to the ADA Coordinator to investigate, regardless of whether the County department/office is required to conduct a separate investigation. The ADA Coordinator's investigation does not

**BURLESON COUNTY, TEXAS  
ADMINISTRATIVE POLICY MANUAL**

Procedure: ADAP.1  
Page: 12 of 13  
Date Authorized: 10/01/2024  
Supersedes:

replace any other statutory obligation to investigate . The County Department Head/Elected Official, must:

- Post the ADA Notice (Attachment 01) in a conspicuous location in the departments/offices under their supervision, whereby the public and employees have access to the information;
- Forward any ADA/disability discrimination complaint to the ADA Coordinator within 48 hours of receipt.

h. Record Keeping. The ADA Coordinator will maintain permanent records, which include, but are not limited to:

- Signed acknowledgements of receipt from the employees indicating the receipt of the Burleson County ADA Policy;
- Copies of the ADA complaints or lawsuits and related documentation;
- Compliance records and records of correspondence to and from complainants;
- ADA investigations; and
- Any appeals decisions, responses or other pertinent records

The records shall be maintained for a period of ten (10) years or in accordance with Records Retention Schedules issued by the Texas State Library and Archives Commission, whichever is longer; however, should records be the subject of a grievance, administrative action, litigation or other formal complaint, said records must be maintained for the minimum retention period and thereafter until the final disposition or resolution of the complaint.

## **7. Monitor & Maintain Compliance.**

In addition to implementing an ADA Transition Plan, the County will make subsequent plan updates which will demonstrate and evidence progress that has been made in order to reflect good faith efforts to comply with the requirements. The Transition Plan should be viewed as a "living document" and updated regularly to reflect changes in real world conditions and to address any possible new areas of compliance or noncompliance. As indicated above, the plan will be updated periodically to ensure the ongoing needs of the community continue to be met. The ADA Coordinator or designee, in coordination with County policy makers and stakeholders, will discuss and evaluate the effectiveness of the County's ADA

**BURLESON COUNTY, TEXAS  
ADMINISTRATIVE POLICY MANUAL**

Procedure: ADAP.1  
Page: 13 of 13  
Date Authorized: 10/01/2024  
Supersedes:

Transition Plan, maintain applicable data and monitor compliance with the priorities set therein.

**C. SUMMARY OF ATTACHMENTS**

Attachment 01 - ADA Notice

Attachment 02 - ADA Nondiscrimination Statement

Attachment 03 - ADA Assurance

Attachment 04 - External Title VI/ ADA Discrimination Complaint Form

Attachment 05 - ADA Coordinator's ADA Complaint Log



**BURLESON COUNTY  
NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)**

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

**Employment:** Burleson 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:** Burleson 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 Burleson 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:** Burleson 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 Burleson 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 Burleson County, should contact Burleson County's ADA/504 Coordinator, Stephanie Smith, at 100 West Buck Street, Suite 404, Caldwell, TX, 77836; Phone: (979) 567-2305; Fax: (979) 567-2366; email [ssmith@burlesoncounty.org](mailto:ssmith@burlesoncounty.org) as soon as possible, but no later than 48 hours before the scheduled event.

The ADA does not require Burleson 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 Burleson County is not accessible to persons with disabilities should be directed to Burleson County's ADA/504 Coordinator, Stephanie Smith, at 100 West Buck Street, Suite 404, Caldwell, TX, 77836; Phone: (979) 567-2305; Fax: (979) 567-2366; email [ssmith@burlesoncounty.org](mailto:ssmith@burlesoncounty.org). (Contact to obtain complaint form).

Burleson 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.



**BURLESON COUNTY  
AVISO CONTEMPLADO POR LA LEY PARA ESTADOUNIDENSES CON  
DISCAPACIDADES (ADA)**

De acuerdo con los requisitos del Título II de la Ley para Estadounidenses con Discapacidades ("ADA") de 1990, el condado de Burleson ("Condado") no discriminará a las personas calificadas por motivos de discapacidad en sus servicios, programas, o actividades.

**Empleo:** El condado de Burleson no discrimina por motivos de discapacidad en sus prácticas de contratación o empleo y cumple con todas las reglamentaciones promulgadas por la Comisión para la Igualdad de Oportunidades en el Empleo (Equal Employment Opportunity Commission) de los EE. UU. conforme al Título I de la ADA.

**Comunicación eficaz:** En términos generales, para que todos puedan participar equitativamente en sus programas, servicios y actividades, el condado de Burleson proporcionará ayudas y servicios adecuados a quienes lo soliciten para establecer una comunicación eficaz con las personas con discapacidad calificadas. Estas ayudas y servicios incluyen interpretación calificada de lengua de señas, documentos en braille, y otras formas de hacer que la información y las comunicaciones sean accesibles para las personas con discapacidades del habla, auditivas o visuales.

**Modificaciones a las políticas y procedimientos:** El condado de Burleson hará todas las modificaciones razonables a las políticas y programas para asegurar que las personas con discapacidad tengan igualdad de oportunidades para disfrutar de todos sus programas, servicios y actividades. Por ejemplo, las personas con animales de servicio son bienvenidas en las oficinas del condado de Burleson, incluso en aquellas donde no se suele permitir el acceso con mascotas.

Cualquier persona que requiera una ayuda o servicio auxiliar comunicarse de manera eficaz, o necesite que se modifiquen las políticas o procedimientos para participar en un programa, servicio o actividad del condado de Burleson, debe comunicarse lo antes posible, o hasta 48 horas antes del evento programado, con Stephanie Smith, ADA/504 del condado de Burleson, por correo postal a 100 West Buck Street, Suite 404, Caldwell, TX, 77836, por teléfono al (979) 567-2305, por fax al (979) 567-2366; o por correo electrónico a [ssmith@burlesoncounty.org](mailto:ssmith@burlesoncounty.org).

La ADA no requiere que el condado de Burleson tome ninguna medida que altere fundamentalmente la naturaleza de sus programas o servicios, ni imponga una carga financiera o administrativa indebida.

Las quejas sobre la falta de accesibilidad de un programa, servicio o actividad del condado de Burleson para personas con discapacidades deben dirigirse Stephanie Smith, ADA/504 del condado de Burleson, por correo postal a 100 West Buck Street, Suite 404, Caldwell, TX, 77836, por teléfono al (979) 567-2305, por fax al (979) 567-2366, o por correo electrónico a [ssmith@burlesoncounty.org](mailto:ssmith@burlesoncounty.org). (Comunicarse para obtener el formulario de queja).

El condado de Burleson no impondrá recargos a una persona con discapacidad en particular ni a ningún grupo de personas con discapacidad para cubrir el costo de proporcionar ayudas/servicios auxiliares o de hacer modificaciones razonables de la política, como recuperar artículos de lugares que están abiertos al público, pero no son accesibles para personas en silla de ruedas.



**COUNTY OF BURLESON  
AMERICANS WITH DISABILITIES ACT (ADA) and  
SECTION 504 OF THE REHABILITATION ACT OF 1973**

**NONDISCRIMINATION STATEMENT**

The County of Burleson does not discriminate against any qualified disabled person solely by reason of his or her disability, exclude from participation in, deny the benefits of, or otherwise subject individuals to discrimination, including discrimination of employment, under any program or activity that receives or benefits from federal financial assistance.

Additionally, the County of Burleson ensures its programs will be conducted, and its facilities operated, in compliance with all non-discriminatory practices and requirements imposed by or pursuant to 49 Code of Federal Regulations (CFR) Part 27, 28 CFR Part 35 and 42 USC §§ 12101-12213.

This ADA & Section 504 of the Rehabilitation Act of the 1973 Nondiscrimination Statement was adopted by the County of Burleson Commissioner's Court on the 15<sup>th</sup> day of October, 2024

**Burleson County Commissioners' Court**

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Keith Schroeder, Burleson County Judge

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Dwayne Faust,  
Commissioner, Precinct 1

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David Hildebrand  
Commissioner, Precinct 3

A handwritten signature in blue ink, appearing to read "Vincent Svec, Jr.", is written over a horizontal line.

Vincent Svec, Jr. Commissioner, Precinct 2

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Robert Urbanosky  
Commissioner, Precinct 4





**CONDADO DE BURLESON  
DECLARACION DE NODISCRIMINACION  
de la LEY PARA ESTADOUNIDENSES CON DISCAPACIDADES (ADA) y la  
SECCION 504 DE LA LEY DE REHABILITACION DE 1973**

El condado de Burleson no discrimina a ninguna persona con discapacidad calificada unicamente por su discapacidad, y tampoco impide la participacion, niega los beneficios ni trata a las personas de forma discriminatoria, incluyendo la discriminacion en el empleo, en el marco de ningun programa o actividad que reciba o se beneficie de la asistencia financiera federal.

Ademas, el condado de Burleson asegura que tanto sus programas como sus instalaciones operaran en conformidad con todas las practicas y requisitos no discriminatorios impuestos o establecidos por la Parte 27 del Titulo 49 y la Parte 35 del Titulo 28 delCodigo de Regulaciones Federales (CFR) y las secciones 12101-12213 del Titulo 42 del USC.

Esta Declaracion de no discriminacion de la ADA y la secci6n 504 de la Ley de Rehabilitacion de 1973 fue adoptada por el Tribunal del Comisionado del condado de Burleson el dfa 15<sup>th</sup> de Octubre de 2024.

**Tribunal del Comisionado del Condado de Burleson**

A handwritten signature in blue ink, appearing to read "Keith Schroeder", written over a horizontal line.

Keith Schroeder, Burleson County Judge

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Dwayne Faust,  
Commissioner, Precinct 1

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David Hildebrand  
Commissioner, Precinct 3

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Vincent Svec, Jr. Commissioner, Precinct 2

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Robert Urbanosky  
Commissioner, Precinct 4



**COUNTY OF BURLESON  
AMERICANS WITH DISABILITIES ACT (ADA) and  
SECTION 504 OF THE REHABILITATION ACT OF 1973  
ASSURANCE**

28 Code of Federal Regulations Part 35.130, Title II of the Americans with Disabilities Act prohibits discrimination on the basis of disability by public entities. Subtitle A protects qualified individuals with disabilities from discrimination on the basis of disability in the services, programs, or activities of all state and local governments. It extends the prohibition of discrimination in federally assisted programs established by section 504 of the Rehabilitation Act of 1973 to all activities of state and local governments, including those that do not receive federal financial assistance, and incorporates specific prohibitions of discrimination on the basis of disability from Titles I, III, and V of the Americans with Disabilities Act. This rule, therefore, adopts the general prohibitions of discrimination established under section 504, as well as the requirements for making programs accessible to individuals with disabilities and for providing equally effective communications. It also sets forth standards for what constitutes discrimination on the basis of mental or physical disability, provides a definition of disability and qualified individual with a disability, and establishes a complaint mechanism for resolving allegations of discrimination.

The County of Burleson, Texas, HEREBY AGREES THAT, as a condition to receiving any federal financial assistance from the U.S. Department of Transportation through the Federal Highway Administration, is subject to and will comply with all laws and regulations, and hereby gives assurance that no qualified disabled person shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discriminations, including discrimination of employment, under any program or activity that received or benefits from this federal financial assistance. The County of Burleson further assures that its programs will be conducted, and its facilities operated, in compliance with all the requirements imposed by or pursuant to 49 CFR Part 27, 28 CFR Part 35, and 42 USC §§ 12101-12213.

This ADA & Section 504 of the Rehabilitation Act of 1973 Assurance was adopted by the County of Burleson Commissioner's Court on the 15<sup>th</sup> day of October 2024.

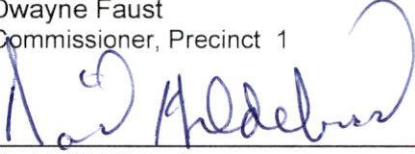
**Burleson County Commissioners'  
Court**

A handwritten signature in blue ink, which appears to read "Keith Schroeder", is written over a horizontal line.

Keith Schroeder, Burleson County Judge



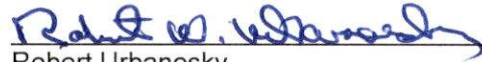
Dwayne Faust  
Commissioner, Precinct 1



David Hildebrand  
Commissioner, Precinct 3



Vincent Svec, Jr  
Commissioner, Precinct 2



Robert Urbanosky  
Commissioner, Precinct 4



**CONDADO DE BURLESON  
GARANTIA de la LEY PARA ESTADOUNIDENSES CON DISCAPACIDADES (ADA)  
y la SECCION 504 DE LA LEY DE REHABILITACION DE 1973**

La Parte 35.130 del Título 28 del Código de Regulaciones Federales (CFR), que implementa el Título II de la Ley para Estadounidenses con Discapacidades, prohíbe la discriminación por motivos de discapacidad por parte de las entidades públicas. El subtítulo A protege a las personas con discapacidad calificadas contra la discriminación por motivos de discapacidad en los servicios, programas o actividades de todos los gobiernos estatales y locales. Extiende la prohibición de discriminación en los programas con asistencia federal establecida por la sección 504 de la Ley de Rehabilitación de 1973 a todas las actividades de los gobiernos estatales y locales, incluidas aquellas que no reciben asistencia financiera federal, e incorpora prohibiciones específicas de discriminación por motivos de discapacidad de los Títulos I, III y V de la Ley para Estadounidenses con Discapacidades. Esta regla, por lo tanto, adopta las prohibiciones generales de discriminación establecidas en la sección 504, así como los requisitos para que los programas sean accesibles a personas con discapacidades y para proporcionar comunicaciones igual de efectivas. También establece normas sobre lo que constituye discriminación por motivos de discapacidad mental o física, proporciona una definición de discapacidad y de persona con discapacidad calificada, y establece un mecanismo de quejas para resolver las acusaciones de discriminación.

POR MEDIO DE LA PRESENTE, el condado de Burleson, Texas, ACEPTA QUE, como condición para recibir asistencia financiera federal de la Administración Federal de Carreteras (Federal Highway Administration) del Departamento de Transporte (Department of Transportation) de los EE. UU., esta sujeto y se atendrá a todas las leyes y reglamentos, y garantizará que a ninguna persona con discapacidad calificada se le impida participar, se le nieguen los beneficios, o se la trate de forma discriminatoria, incluyendo la discriminación en el empleo, únicamente por su discapacidad, en el marco de cualquier programa o actividad que haya recibido o se beneficie de la asistencia financiera de esta ley federal. Además, el condado de Burleson asegura que tanto sus programas como sus instalaciones operaran en conformidad con todos los requisitos impuestos o establecidos por la Parte 27 del Título 49 y la Parte 35 del Título 28 del CFR, y las secciones 12101-12213 del Título 42 del USC.

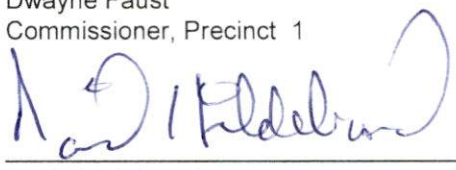
Esta Garantía de la ADA y la sección 504 de la Ley de Rehabilitación de 1973 fue adoptada por el Tribunal del Comisionado del condado de Burleson el día 15th de Octubre de 2024.

**Tribunal del Comisionado del Condado de Burleson**


A handwritten signature in blue ink, appearing to read "Keith Schroeder", is written over a horizontal line.

Keith Schroeder, Juez del Condado de Burleson

  
\_\_\_\_\_  
Dwayne Faust  
Commissioner, Precinct 1

  
\_\_\_\_\_  
David Hildebrand  
Commissioner, Precinct 3

  
\_\_\_\_\_  
Vincent Svec, Jr  
Commissioner, Precinct 2

  
\_\_\_\_\_  
Robert Urbanosky  
Commissioner, Precinct 4



# County of Burleson

## External Title VI/ADA Discrimination Complaint Form

This form may be used to file a complaint with the County of Burleson based on violations of Title VI of the Civil Rights Act of 1964, and/or the Americans with Disabilities Act (ADA). (Burleson County employees should utilize the complaint procedures outlined in applicable county employee policy). Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within 180 days, you have 60 days after you became aware to file a complaint. Return the signed form to:

**Mail:** Burleson County Treasurer's Office  
Attn: Title VI/Nondiscrimination Coordinator and/or ADA Coordinator  
100 West Buck Street, Suite# 404  
Caldwell, Texas 77836

**Fax:** (979) 567-2305

**Email:** ssmith@burlesoncounty.org

For assistance completing this form please call the Title VI/Nondiscrimination Coordinator/ADA Coordinator Office at (979)567-2305.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Alternate Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please state the basis of your complaint:

- Race \_\_\_\_\_
- National Origin \_\_\_\_\_
- Other \_\_\_\_\_
- Color \_\_\_\_\_
- Disability \_\_\_\_\_

Date and place of alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary.)

The law prohibits intimidation or retaliation against anyone because he/she had either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of individuals responsible for the discriminatory action(s):

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint. (Attach additional pages, if necessary).

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- U.S. Department of Transportation (DOT)                      Date filed: \_\_\_\_\_
- Federal Highway Administration (FHWA)                      Date filed: \_\_\_\_\_
- Federal Transit Administration (FTA)                      Date filed: \_\_\_\_\_
- Office of Federal Contract Compliance Programs (OFCCP)                      Date filed: \_\_\_\_\_
- U.S. Equal Employment Opportunity Commission (EEOC)                      Date filed: \_\_\_\_\_
- U.S. Department of Justice (DOJ)                      Date filed: \_\_\_\_\_
- Other: \_\_\_\_\_                      Date filed: \_\_\_\_\_

Have you discussed the complaint with any Burleson County representative? If yes, provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation (attach additional pages, if necessary).

**For ADA complaints only, please provide the following information:**

If applicable, please provide a description and the exact location of the non-accessible feature.  
Provide a sketch or picture if helpful. (Attach additional pages, if necessary.)

Please provide comments, suggestions, or other information that may assist us in providing you a better service.

**We cannot accept an unsigned complaint. Please sign and date the complaint form below.**

Complainant's Signature (or authorized representative) \_\_\_\_\_

Date \_\_\_\_\_

Person preparing complaint (if different from complainant) \_\_\_\_\_

Relation to complainant \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Date Complaint Received: _____	Case#: _____
Processed by: _____	Date Referred: _____
Referred to: <input type="checkbox"/> USDOT <input type="checkbox"/> FHWA <input type="checkbox"/> FTA <input type="checkbox"/> OFCCP <input type="checkbox"/> EEOC <input type="checkbox"/> Other _____	





# Condado de Burleson

## Formulario externo de quejas por discriminación del Título VI/ADA

Este formulario se puede utilizar para presentar una queja ante el condado de Burleson por violaciones del Título VI de la Ley de Derechos Civiles de 1964 o la Ley para Estadounidenses con Discapacidades (ADA). (Los empleados del condado de Hidalgo deben utilizar los procedimientos de queja descritos en la política para empleados del condado correspondiente). Las quejas deben presentarse dentro de los 180 días de la supuesta discriminación. Si no había forma de que usted se diera cuenta de que el acto fue discriminatorio dentro de los 180 días, tiene 60 días desde el momento en que se dio cuenta para presentar una queja. Envíe el formulario firmado a:

**Correo postal:** Burleson County Treasurer's Office  
Attn: Title VI/Nondiscrimination Coordinator and/or ADA  
Coordinator 100 West Buck Street Suite# 404  
Caldwell, Texas 77836

**Fax:** (979) 567-2305

**Correo Electronico:** [ssmith@burlesoncounty.org](mailto:ssmith@burlesoncounty.org)

Si necesita ayuda para completar este formulario, llame a la oficina del Coordinador del Título VI/No discriminación/Coordinador de ADA al (979) 567-2305.

**Apellido:** \_\_\_\_\_ **Nombre:** \_\_\_\_\_

**Dirección:** \_\_\_\_\_

**Ciudad:** \_\_\_\_\_ **Estado:** \_\_\_\_\_ **Código Postal:** \_\_\_\_\_

**Teléfono:** \_\_\_\_\_ **Teléfono Alternativo:** \_\_\_\_\_

**Correo Electrónico:** \_\_\_\_\_

Indique el motivo por el que fue discriminado:

Raza \_\_\_\_\_  País de origen \_\_\_\_\_  Otro \_\_\_\_\_

Color \_\_\_\_\_  Discapacidad \_\_\_\_\_

Fecha y lugar de las presuntas actitudes discriminatorias. Incluya la fecha la discriminación más antigua y la fecha de la discriminación más reciente.

¿De qué forma lo discriminaron? Describa la naturaleza de las actitudes, decisiones o condiciones de la presunta discriminación. Explique con la mayor claridad posible lo que sucedió y por qué cree que su estado de protección (base) fue un factor en la discriminación. Incluya una descripción de cómo se trató a otras personas en comparación. (Adjunte páginas adicionales, si es necesario).

La ley prohíbe la intimidación o las represalias contra cualquier persona por haber tomado medidas o haber participado en acciones para garantizar los derechos protegidos por estas leyes. Si cree que ha sufrido represalias, además de la discriminación que informó anteriormente, describa las circunstancias a continuación. Explique la acción que tomó y que cree que fue la causa de la presunta represalia.

Nombres de las personas responsables de las actitudes discriminatorias:

Nombres de personas (testigos, compañeros de trabajo, supervisores u otros) a las que podemos contactar para obtener información adicional que respalde o aclare su queja. (Adjunte páginas adicionales, si es necesario).

<u>Nombre</u>	<u>Dirección</u>	<u>Teléfono</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

¿Ha presentado o tiene la intención de presentar una queja sobre el asunto expuesto ante alguno de los siguientes organismos? En caso afirmativo, proporcione las fechas de presentación. Marque todas las opciones que correspondan.

- Departamento de Transporte de EE. UU. (DOT)                      Fecha de presentación: \_\_\_\_\_
- Administración Federal de Carreteras (FWHA)                      Fecha de presentación: \_\_\_\_\_
- Administración Federal de Tránsito (FTA)                      Fecha de presentación: \_\_\_\_\_
- Oficina de Programas de Cumplimiento de Contratos Federales (OFCCP)                      Fecha de presentación: \_\_\_\_\_
- Comisión de Igualdad de Oportunidades en el Empleo de EE. UU. (EEOC)                      Fecha de presentación: \_\_\_\_\_
- Departamento de Justicia de EE. UU. (DOJ)                      Fecha de presentación: \_\_\_\_\_
- Otro \_\_\_\_\_                      Fecha de presentación: \_\_\_\_\_

¿Ha hablado sobre la queja con algún representante del condado de Hidalgo? En caso afirmativo, proporcione el nombre, el cargo y la fecha en que hablaron.

Explique brevemente qué remedio o acción espera recibir por la presunta discriminación.

Proporcione cualquier material informativo o fotográfico adicional, si corresponde, que crea que ayudará en una investigación (adjunte páginas adicionales, si es necesario).

**Solo para quejas por violaciones a la Ley para Estadounidenses con Discapacidades (ADA), proporcione la siguiente información:**

Si corresponde, proporcione una descripción y la ubicación exacta de la función no accesible. Proporcione un boceto o una imagen si es útil. (Adjunte páginas adicionales, si es necesario).

Proporcione comentarios, sugerencias u otra información que pueda ayudarnos a darle un mejor servicio.

**No podemos aceptar una queja sin firmar. Por favor firme y feche el formulario de queja abajo.**

\_\_\_\_\_  
Firma del demandante (o del representante autorizado)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Persona que prepara la queja (si no es el demandante)

\_\_\_\_\_  
Relación con el demandante

<b>SOLO PARA USO DE LA OFICINA</b>	
Fecha de recepción de la queja: _____	N.º de caso: _____
Procesado por: _____	Fecha de remisión: _____
Remitido a: <input type="checkbox"/> USDOT <input type="checkbox"/> FHWA <input type="checkbox"/> FTA <input type="checkbox"/> OFCCP <input type="checkbox"/> EEOC <input type="checkbox"/> Other _____	