

ADA Complaint Form Procedure

Background

The Americans with Disabilities Act of 1990 (ADA), provides protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any federally funded program, service, or activity.

Tri-County Action Program, Inc is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services by providing protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination as stated in the Americans with Disabilities Act of 1990 (ADA).

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call the ADA Officer at 320-251-1612.

Once completed, return a signed and dated copy to:

**Lori Hawkins, ADA Officer
Waite Park, MN 56387**

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please call 320-251-1612.

ADA Complaint Form

Section I:			
Name:			
Address:			
Telephone (Home/Cell):		Telephone (Work):	
Email:			
Do you require an accessible format?		Large Print	Audio Tape
		TTY/TDD	Other:
Section II:			
Are you filing this complaint on your own behalf? *		Yes	No
*If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship of the person for whom you are filing:			
Have you obtained permission from this person?		Yes	No
Section III:			
If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.			
Date of Alleged Discrimination (Month, Day, Year):		Time:	Transit Line/Route:
Vehicle ID or Name: Location:		Name(s) of Employee(s) involved:	
Explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use the back of this form.			

Section IV			
Have you previously filed an ADA complaint with this agency?		Yes	No
Contact name:	Telephone number:		
Section V			
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?			

<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency:	<input type="checkbox"/> Federal Court:
<input type="checkbox"/> State Agency:	<input type="checkbox"/> State Court: <input type="checkbox"/> Local Agency:
<input type="checkbox"/> Local Court:	
Please provide contact information for the person you spoke to at the above agency:	
Name:	Title:
Agency:	
Address:	
Telephone:	

Important Notice: To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint. You may attach any additional written materials or other information that you think is relevant to your complaint to this form.

Signature and date required below.

Signature of Person Filing Complaint Date

If you need assistance completing this form, contact Tri-County Action Program, Inc at 320-251-1612.

Once completed, return a signed and dated copy to:

**Lori Hawkins, ADA Officer
 Tri-County Action Program, Inc
 Waite Park, MN 56387**

Reasonable Modification Complaint Process

Tri-County Action Program, Inc investigates complaints received no more than 30 days after receipt. Tri-County Action Program, Inc will process complaints that are complete. Once the complaint is received, the complainant will receive an acknowledgement of receipt. If more information is needed to resolve the complaint, Tri-County Action Program, Inc may contact the complainant. The complainant has 30 business days from the date of the letter to send requested information to Tri-County Action Program, Inc.

If Tri-County Action Program, Inc is not contacted by the complainant or does not receive the additional information within 30 business days, the Tri-County Action Program, Inc may administratively close the complaint. In addition, a complaint may be administratively closed if the complainant no longer wishes to pursue their case.

After Tri-County Action Program, Inc investigates the complaint and has consulted and received directive from MnDOT OTAT, a decision will be rendered in writing to the complainant. Tri-County Action Program, Inc will issue either a Letter of Closure or Letter of Finding.

Letter of Finding – This letter will summarize the complaint, any interviews conducted regarding the complaint, and explains what actions will be taken by Tri-County Action Program, Inc to address the complaint.

Letter of Closure – This letter will explain why Tri-County Action Program, Inc has determined that the complaint does not merit accommodation under the Americans with Disabilities Act and that the complaint will be closed.

If the complainant disagrees with the decision of Tri-County Action Program, Inc, an opportunity to appeal the decision may be pursued provided the complainant files notice of appeal within 21 days of the initial decision of Tri-County Action Program, Inc.

In the event of appeal, the complainant will be granted all due process, including the ability to be present additional evidence, present the case in person during an appeal hearing, and to be represented by counsel.