

The Americans with Disabilities Act (ADA) Complaint Policy & Resolution Procedure

This Complaint Policy & Resolution Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA") and the Rehabilitation Act of 1973 ("Rehabilitation Act"). 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 and programs by Exceptional Humans (EH).

The complaint should be in writing on the complaint form provided and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available as a reasonable modification for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to the Director of Administration and Community Outreach, kelly@exceptional-humans.org

The Director of Administration and Community Outreach or the designee will promptly confirm receipt of the complaint and provide suggested times to discuss the complaint and possible resolutions with the complainant. The suggested times provided by the Director or the designee will be within 15 calendar days of receipt of the complaint. Within 15 calendar days of discussing the complaint and possible resolutions with the complainant, the Director or the designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. This written response will take one of two forms:

- **Substantive Written Response:** If EH has been able to gather sufficient information, the written response will explain the position of EH and offer options for substantive resolution of the complaint.
- **Interim Written Response:** EH will provide for prompt and equitable resolution of complaints alleging violations of the ADA and/or Rehabilitation Act. Sometimes, equitable resolution of a complaint will require investigation that takes more time. If EH has not been able to gather sufficient information within 15 calendar days of contacting the complainant, the written response will explain what additional information EH is still attempting to gather and will provide an estimate of the time it will take for the EH to provide a substantive written response explaining its position. When an interim written response is provided, EH will promptly follow up at a later date with a substantive written response explaining the position of EH and offering options for substantive resolution of the complaint.

Appeal of substantive written response: If the substantive written response by the Director or the designee explaining the position of EH and offering options for substantive resolution of the complaint does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision. Appeals must be received by EH no later than 20 calendar days of the date the substantive written response was mailed, e-mailed, or faxed. Appeals will be heard by Exceptional Human's Board President and Vice President or the designee. Appeal requests must be sent to director@exceptional-humans.org.

Alternative means of making an appeal request, such as a phone call, personal interview, or a tape recording, will be made available as a reasonable modification upon request.

Within 15 calendar days after receipt of the appeal, EH Board President and Vice President or the designee will contact the complainant to discuss the appeal request and possible resolutions. Within 15 calendar days EH Board President and Vice President or the designee contacts the complainant, they will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint. In the event that the EH Board President and Vice President or the designee becomes involved in the EH decision-making process prior to the appeal, the appeal will be heard by the EH Board Secretary and Treasurer.

Retention of Records: All written complaints, appeals, and responses will be retained by EH for at least seven years after the date of the last correspondence in the file.

The Americans with Disabilities Act (ADA) Complaint Policy & Resolution Procedure Form

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please contact Exceptional Human’s Director of Administration and Community Outreach at kelly@exceptional-humans.org.



Exceptional Humans

Section I:

Name:

Address:

Telephone (Home): Telephone (Work):

Email Address:

Accessible Format Requirements?

Large Print

Audio

TDD

Other

Section II:

Are you filing this complaint on your own behalf?

Yes or 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 complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes

No

Section III:

[] I believe the discrimination I experienced was based on my disability in the provision of services, activities or programs provided by Exceptional Humans.

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. 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

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes

If yes, check all that apply: Federal Agency:

Federal Court

State Court

No

State Agency Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

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

Signature

Date

Please submit this form to director@exceptional-humans.org