

Steps for Filing a Title II ADA Complaint Involving the Secretary of State

This complaint procedure is designed for members of the public to informally resolve conflicts with the Secretary of State involving allegations of discrimination in access to state government programs, services, and benefits for persons with disabilities under Title II of the American with Disabilities Act (ADA).

Step 1: Fill Out and Deliver Your Complaint Form

Completion of the "Title II of the Americans with Disabilities Act Complaint Form" is necessary to process your complaint. Hand deliver or mail your complaint to the department ADA Coordinator of the state agency where you believe the discrimination occurred within 90 calendar days from the date of the alleged discriminatory action or practice. If you need a reasonable accommodation, such as an interpreter or an alternative format, indicate this on your complaint form so the department ADA Coordinator will be able to effectively communicate with you at your meeting.

Step 2: Meet with the Department ADA Coordinator

- a) **Within 10 business days** of receiving the completed complaint form, the department ADA Coordinator will meet with you personally, or contact you by telephone.
- b) **Within 5 business days** of this meeting, a copy of your complaint, and a brief report of the outcome of your meeting, will be forwarded by the department ADA coordinator to the State ADA Coordinator so that office is aware a complaint has been filed.

Step 3: Resolution of Your Complaint

- a) If a **satisfactory resolution** is reached, a written agreement will be jointly developed and signed by you, the department ADA Coordinator, and the director of the department/agency where the complaint was filed. The agreement of resolution will be issued to you within **10 business days**. The written agreement will include:
 - 1) A description of the complaint
 - 2) A finding of facts
 - 3) A description of how the complaint will be resolved
 - 4) When the complaint will be resolved
 - 5) An assurance that the department/agency will comply with the specific terms of the agreement
- b) If the department/agency is **unable to resolve** your complaint, you will be notified of this non-resolution **within 10 business days**. The notification will include:
 - 1) A description of the complaint
 - 2) A summary of any resolution proposed
 - 3) A statement addressing the issues that were not resolved at the meeting.

Step 4: Request for Review by the Michigan Department of Civil Rights

If a satisfactory resolution is not reached through the department/agency, you may request a review of your complaint by the Michigan Department of Civil Rights. Your request for review must be made **within 10 business days** after you receive your notification of non-resolution. This appeal must include a copy of your original complaint and documentation from Step 3 b) above, of failure to resolve your complaint at the department/agency level. For additional information and an appeal form, you may contact the Department of Civil Rights at: 1(800) 482-3604, or TTY (877) 878-8464.

ADA Coordinator Contacts

<u>Secretary of State ADA Coordinator</u>	<u>Statewide ADA Coordinator</u>
Michigan Department of State Office of Human Resources Richard H. Austin Building 430 West Allegan St., P. O. Box 30775 Lansing, Michigan 48909-8275 Phone: 517-335-6500	Patrick Cannon Commission for the Blind State ADA Coordinator Victor Building, Second Floor 201 North Washington Square Lansing, Michigan 48913

Michigan Secretary of State
Title II of the Americans with Disabilities Act Complaint Form

This complaint procedure is designed for members of the public to informally resolve conflicts with the Secretary of State involving allegations of discrimination in access to state government programs, services, and benefits for persons with disabilities under Title II of the American with Disabilities Act (ADA).

Please fill out this form completely, in black ink or type. Sign and return to the address on page 2.

Complainant:	
Mailing Address (Street):	
City, State and Zip Code:	
Telephone: Home:	Business:
Person Making the Complaint: (if other than the complainant)	
Mailing Address (Street):	
City, State, and Zip Code:	
Telephone: Home:	Business:
Department/Agency which you believe has discriminated:	
Name:	
Street Address:	
City, State, and Zip Code:	
Telephone Number:	County:
When did the event occur? Date:	
Describe the event providing the name(s) where possible of the individuals who were involved. Continue on the next page, if necessary.	
Has the complaint been filed with the Michigan Department of Civil Rights or the Federal Department of Justice or any other Federal agency or court? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, the complaint has been filed:	
Agency or Court:	Date filed:
Contact Person:	Telephone Number:
Address:	
City, State, and Zip Code:	

Do you INTEND to file with another agency or court? Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, you INTEND to file:
Agency or Court:
Address:
City, State and Zip Code:
Telephone Number:
Additional space for answers:
Signature:
Date:

Send completed form to:

ADA Coordinator
 Office of Human Resources
 Michigan Department of State
 P.O. Box 30775
 Lansing, Michigan 48909-8275