Complaint Process for Title II of the Americans with Disabilities Act of 1990, as amended and Section 504 of the Rehabilitation Act of 1973

This complaint procedure is designed for members of the public to informally resolve conflicts with the Michigan Department of Health and Human Services (MDHHS) involving allegations of discrimination in access to state government programs, services, and benefits for persons with only disabilities under Title II of the Americans with Disabilities Act of 1990, as amended (ADA) and Section 504 of the Rehabilitation Act of 1973.

MDHHS does not discriminate against qualified individuals with a disability in its services, programs, or activities. Also, qualified individuals with a disability are not excluded from participation in or denied the benefits of the services, programs, or activities of MDDHS.

STEP 1: If you feel you have been discriminated against due to a disability, request a caseworker in the District Office or County Office to provide you with an ADA Title II Complaint Form (DHS-866), fill it out and ask to have it delivered to the District Manager or County Director (or designee), or in the alternative, submit in writing:

a. The complaint must be in writing.

b. It must contain the name, address and telephone number of the complainant or the representative filing the complaint.

c. It must describe the public entity’s alleged discriminatory action and location in sufficient detail to inform DHS of the nature and date of the alleged discriminatory violation.

d. The complaint must be signed by the complainant or by someone authorized to do so on his or her behalf.

e. Complaints filed on behalf of classes or third parties must describe or identify (by name, if possible) the alleged victims of discrimination.

f. The complaint must be filed immediately, or no later than 90 calendar days after the alleged discriminatory action about which you are complaining. If you need a reasonable accommodation to communicate your complaint, such as an interpreter or an alternative format, attach this accommodation request to your complaint form so that the District Manager/County Director (or designee) will be able to effectively communicate with you.

g. The District/County office will immediately forward a copy of the complaint to: Jean Ann Stacey
   ADA/Section 504 Coordinator
   P.O. Box 30037, Suite 708
   Lansing, MI 48909
   Phone: (517) 335-3521
   Fax: (517) 335-4673
   TTY: (517) 474-8521
It is important for you to keep copies of your original complaint, notifications you receive from the department as well as any other correspondence or other documentation that is related to your complaint.

**STEP 2:** The District Manager/County Director (or designee) will contact you to set up a meeting or a telephone conference within **20 calendar days** after receipt of your complaint.

**STEP 3:** Within **20 calendar days** of the meeting, a copy of your complaint, and a brief report of the outcome of your communication with the District Manager or County Director (or designee) will be forwarded to the department ADA/Section 504 Coordinator. From there it will be forwarded to the State ADA Coordinator so that the office is aware that a complaint has been filed.

**STEP 4:** You will be notified by mail of the results of the investigation. If a satisfactory resolution is not reached through the department, you may request a review of your complaint by the Michigan Department of Civil Rights. Your request for review must be made within **10 calendar days** after you receive your notification of non-resolution. **This appeal must include a copy of your complaint and a copy of the letter from the department regarding the failure to resolve your complaint at the department level.** For additional information and an appeal form, you may contact the Michigan Department of Civil Rights at 1 (800) 482-3604, or TTY at (877)878-8464.

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**ADA Coordinator Contacts**

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<thead>
<tr>
<th>Michigan Department of Health &amp; Human Services</th>
<th>Statewide ADA Coordinator</th>
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<tbody>
<tr>
<td>ADA/Section 504 Coordinator</td>
<td>Sharon Ellis</td>
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<tr>
<td>Jean Ann Stacey</td>
<td>Michigan Department of Technology,</td>
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<tr>
<td>Michigan Department of Human Services</td>
<td>Management &amp; Budget</td>
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<tr>
<td>235 S. Grand Avenue, Suite 708</td>
<td>Romney Building, Sixth Floor</td>
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<tr>
<td>P.O. Box 30037</td>
<td>P.O. Box 30013</td>
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<tr>
<td>Lansing, MI 48909</td>
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<tr>
<td>Phone: (517) 335-3521 Fax: (517) 335-4673</td>
<td>Phone: (517)241-1217 Fax: (517) 241-5428</td>
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<tr>
<td>E-mail: <a href="mailto:staceyj@michigan.gov">staceyj@michigan.gov</a></td>
<td>E-mail: <a href="mailto:EllisS1@michigan.gov">EllisS1@michigan.gov</a></td>
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