

ADA/504

EXTERNAL COMPLAINT PROCESSING PROCEDURES

Revised December 2017

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I. PURPOSE

To specify the process to be used by the Michigan Department of Transportation (MDOT) to investigated complaints, while ensuring due process for complainants and respondents.

II. APPLICABILITY

These procedures apply to complaints filed directly with MDOT for alleged discrimination on the basis of disability against a local agency sub-recipient. Complaints against MDOT will be referred to the Federal Highway Administration (FHWA) for investigation. Complainants may also choose to file complaints against MDOT directly with FHWA. Complaints filed with FHWA for investigation may be addressed to:

Civil Rights Program Manager Federal Highway Administration 315 W. Allegan Street, Room 201 Lansing, Michigan 48933

III. <u>AUTHORITIES</u>

Section 504 of the Rehabilitation Act of 1973, 29U.S.C. 790:

Section 504 of the Rehabilitation Act makes it illegal for the federal government, federal contractors, and state and local governments receiving federal funds to discriminate on the basis of disability. It requires that state and local governments ensure persons with disabilities have equal access to any programs, services or activities receiving federal funding.

Title II of the Americans with Disabilities Act of 1990, P.L. 101-336:

Applies to state and local governments and the programs, services and activities they provide. As a state government, MDOT must ensure its programs, services and activities provided to the public are accessible to individuals with disabilities regardless of the source of funding.

IV. <u>DEFINITION</u>

Discrimination involves any act or inaction, whether intentional or unintentional, in any program or activity which results in disparate (unfavorable) treatment, disparate impact, or perpetuating the effects of prior discrimination based on disability or failing to make a reasonable accommodation.

An act (or action) whether intentional or unintentional, through which a person in the United States, based on disability has been subjected to unequal treatment under any program, service, or activity under Section 504 of the Rehabilitation Act of 1973, or under Title II of the Americans with Disabilities Act of 1990.

V. FILING COMPLAINTS

A. Persons Eligible to File

Any person who believes that they have been subjected to discrimination prohibited by any of the authorities listed above, based upon disability may file a written complaint. The complaint may be filed by the affected individual or a representative using the ADA Complaint Form (Attachment A). The complaint should be sent to MDOT's ADA/504 Coordinator:

Tonya Doyle-Bicy
ADA/504 Coordinator
Michigan Department of Transportation
P.O. Box 30050
Lansing, Michigan 48909
Email: mdot-ada@michigan.gov

B. Form of Complaints

Complaints shall be in writing and signed by the person(s) or representative and include the complainant's name, address, and telephone number. Allegations of discrimination received by email will be acknowledged and processed. A verbal complaint may be submitted to MDOT's ADA/504 coordinator via telephone communication. A TTY phone number is also available at the Michigan Relay Center for the hearing impaired. As a result of the telephone/TTY conversation, MDOT's ADA/504 section coordinator or representative shall fill out a complaint form on behalf of the calling party. The TTY line can be accessed by dialing 844-578-6563.

C. Time Limits for Filing

All complaints should be submitted to MDOT's Office of Business Development – ADA/504 coordinator within 180 calendar days after the alleged incident has occurred. A complaint may be submitted via the website fillable complaint form, e-mail or the U.S. Postal Service, fax, or via telephone.

D. Processing Time Frame

Within 15 calendar days of receiving a complaint, the ADA/504 coordinator or designated representative will contact the party initiating the grievance process (complainant) and will make a determination to accept, reject, or refer to the appropriate federal/state agency.

Once the complaint details are and deemed complete, the ADA/504 coordinator or designated representative will verify jurisdiction, investigate the accessibility issue and provide a response to the complainant within 60 calendar days, outlining the investigation findings and proposed solution. MDOT will make every effort to facilitate the voluntary early resolution of complaints at the lowest level possible. If the accessibility issue is not within MDOT's jurisdiction, then the ADA/504 coordinator will contact and forward the complaint to the associated agency and notify the complainant.

These procedures do not affect the right of the complainant to file formal complaints with other state or federal agencies or to seek private counsel for complaints alleging discrimination. These procedures are part of an administrative process that does not provide for remedies that include punitive damages or compensatory remuneration for the complainant.

VI. <u>APPEAL RIGHTS (ATTACHMENT B)</u>

If the complainant is not satisfied with the final decision made by the ADA/504 coordinator, the complainant may appeal the decision to the ADA Administrator. The appeal must be filed with the Office of Business Development within 14 calendar days of receiving the final decision from the ADA Coordinator. The ADA Administrator will review the appeal and complete any investigation required to address the appeal within 30 calendar days. After completing the review of the file and investigating the matter, the ADA Administrator or a representative shall provide a response in the most appropriate format. All complaints, appeals and responses thereto shall be documented and kept on file in the ADA/504 Section for a minimum of three years.

An appeal may be filed at:

ADA Administrator
Office of Business Development
425 West Ottawa Street
P.O. Box 30050
Lansing, MI 48909

Email: www.mdot-ada@michigan.gov

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ATTACHMENT A ADA COMPLAINT FORM

The American's with Disabilities Act (ADA) prohibits discrimination on the basis of disability in State and local government, public accommodations, commercial facilities, transportation, and telecommunications.

This form may be used to file a complaint with the Michigan Department of Transportation for alleged violations of ADA. If you need assistance completing this form, please contact us by phone at 517-241-4424 or TTY through the Michigan Relay Center at 800-649-3777 or dial 711.

NAME		PHONE NO.		ALTERNATE PHONE NO.
ADDRESS		I		
CITY			STATE	E ZIP CODE
EMAIL ADDRESS		·	DATE	:
PREFERRED METHOD OF CONTACT Email Pr	none Ma			
PROVIDE A DETAILED EXPLANATION			MINATION	
SELECT EACH OF THE FOLLOWING THE Public Rights-of-Way	HAT ARE APPLICABLE Program	TO THE ACCESS BARR Service	IER OR DISCF Activity	
PROVIDE A SOLUTION TO THE COMPL				

Page 2 of 2 MDOT 2079 (10/17) HAS ANY OTHER AGENCY BEEN CONTACTED REGARDING THIS REQUEST? IF YES, WHAT AGENCY OR AGENCIES DID YOU CONTACT? IF YOU SPOKE TO AN AGENCY OR AGENCIES, WHO WERE THE AGENTS YOU SPOKE WITH?

The laws enforced by this department prohibit retaliation or intimidation against anyone because they have either taken action or participated in action to secure the rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint, or if you have questions regarding the completion of this form please contact:

DATE

SIGNATURE

Michigan Department of Transportation-Office of Business Development
ADA/504 Coordinator
425 West Ottawa Street
P.O. Box 30050

Lansing, Michigan 48933
Phone: 517-241-4424
Fax: 517-335-0945
TTY: 800-649-3777 or dial 711
Email: mdot-ada@michigan.gov

ATTACHMENT B

Michigan Department of Transportation 2080 (10/17)

ADA COMPLAINT APPEAL FORM

The American's with Disabilities Act (ADA) prohibits discrimination on the basis of disability in State and local government, public accommodations, commercial facilities, transportation, and telecommunications.

This form may be used to appeal a complaint filed with the Michigan Department of Transportation for alleged violations of ADA. If you need assistance completing this form, please contact us by phone at 517-241-4424 or TTY through the Michigan Relay Center at 800-649-3777 or dial 711.

NAME			PHONE NO.		AL	TERNATE PHONE NO.
ADDRESS			l		<u>I</u>	
CITY				STAT	Έ	ZIP CODE
EMAIL ADDRESS				DATE	E	
PREFERRED METHOD OF CONTA	ACT		•			
Email	Phone	Mail				
DATE OF MDOT LETTER PROVIDI	NG NOTICE OF FI	NDING	COMPLAINT RE NOTICE LETTER		NO.	PROVIDED ON MDOT
EXPLAIN THE REASON(S) FOR YO	OUR APPEAL. INCL	LUDE REASON(S)	FOR DISAGREEN	MENT WITH	MD	OT FINDINGS.
SIGNATURE				DA	ATE	

If you have questions regarding the completion of this form, please contact:

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P.O. Box 30050
Lansing, Michigan 48933
Phone: 517-241-4424

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