

Americans with Disabilities Act [ADA] Grievance Procedure

This grievance procedure is established to meet the requirements of the ADA. 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, programs, or benefits by the Vermont Association for the Blind and Visually Impaired [VABVI].

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number, email address 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 for persons with disabilities upon request.

The complaint should be submitted as soon as possible, preferably within 60 calendar days of the alleged violation to:

ADA Coordinator Vicki Vest, 60 Kimball Ave., South Burlington, VT 05403 or
VVest@vabvi.org

Within 15 calendar days after receipt of the complaint, the ADA Coordinator will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator will respond in writing, and where appropriate, in format that is accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the VABVI and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator does not satisfactorily resolve the issue, the complainant may appeal the decision within 15 calendar days after receipt of the response to the VABVI Executive Director or designee.

Within 15 calendar days after receipt of the appeal, the Executive Director or designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Executive Director or designee will respond in writing, and, where appropriate, in a format that is accessible to the complainant, with a final resolution of the complaint.

VABVI ADA COMPLAINT FORM

Date Complaint Received: _____

Name of Complainant: _____

Phone Number of Complainant: _____

Address of Complainant (if given): _____

Email Address of Complainant (if given):_____

Date of Alleged Incident _____ Time _____

Type of Discrimination, please check: Disability _____

Race/Color/National Origin_____ Other_____

Location of Alleged Incident: _____

Name(s) of VABVI Staff/Driver Involved

Summary of the Allegations/Nature of the Complaint:_____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are approximately 20 lines visible. The top edge of the paper has a slight shadow, suggesting it's part of a bound notebook or folder. The overall appearance is clean and ready for writing.

Update of Complaint Status:

<u>Date</u>	<u>Status of the Complaint</u>	<u>Actions Taken, if any</u>