

ADA Discrimination Complaint Process and Form Complaint Process

All individuals have a right to a prompt and equitable resolution. Individuals or classes of individuals who believe they have been subjected to discrimination based on disability have several ways to file a grievance.

Under Title II applicable to local government, filing a grievance with the entity's ADA coordinator, filing a complaint with a federal agency or state agency administering federal funds, or filing a lawsuit may be done independently of others.

Individuals are not required to file either a grievance or complaint to bring a lawsuit. Lawsuits may be filed at any time. The following are three federal agencies where an ADA complaint can be filed:

United States Department of Justice (DOJ)
Coordination and Review Section
Civil Rights Division
P.O. Box 66118
Washington, D.C. 20035-6118

Assistant Secretary for Fair Housing and Equal Opportunity
Department of Housing and Urban Development (HUD) 451
7th Street SW, Room 5100
Washington, D.C. 20202

Office for Civil Rights
Department of Education
330 C Street SW, Suite 5000
Washington, D.C. 20201

B.1.0 Filing a Local Complaint

All written or verbal complaints of discrimination will be forwarded immediately to the Compliance Programs Office of Louisiana Department of Transportation and Development (DOTD) for handling in accordance with 23 CFR 200.9

(b)(3). In cases where the complainant is unable or incapable of providing a written statement, the complainant will be assisted in converting the verbal complaint into a written complaint. Complaints however must be signed by the complainant.

All Title VI and related statute complaints are considered formal as there is no informal process. Therefore, the complainant will be contacted according to DOTD's formal complaint process. Complaints filed under Title VI against sub-recipients or contractors/consultants will be investigated by LCG with assistance of DOTD's Title VI Program Manager. LCG shall maintain a confidential log of complaints for the purpose of assisting DOTD.

B.2.0 Complaint Log

The log will include the following information:

- a) Name of Complainant;
- b) Name of Respondent;
- c) Basis of Complaint: Disability along with other associated factors: race, color, national origin, income, gender, age, and retaliation;
- d) Date complaint received by the Lafayette Consolidated Government;
- e) Date the Lafayette Consolidated Government forwarded the complaint to DOTD's Title VI/ADA Program Manager;
- f) A statement of the complaint, including specific details, relevant facts and documentation;
- g) The final disposition of the complaint; and
- h) The complaint log will maintain the above information for the last five years from the current date.

B.3.0 Intimidation and Retaliation

Any individual having filed a complaint or participated in the investigation of a complaint shall not be subjected to any form of intimidation or retaliation. Individuals who have cause to think that they have been subjected to intimidation or retaliation can file a complaint of retaliation following the same procedure for filing a discrimination complaint.

B.4.0 Time Frames

There are different time frames depending on the agency and complainant.

B.4.1 DOTD Time Frames

1. The total time allotted is 60 days for LCG with the assistance of DOTD to complete investigative report and submit to the administrative supervisor of DOTD Complaint Section with copies to FHWA and FTA .

B.5.0 Complainant

A complaint must be filed no later than 180 days after the following:

1. The date of the alleged act of discrimination; or
2. The date when the person(s) became aware of the alleged discrimination; or
3. Where there has been a continuing course of conduct, the date on which that conduct was discontinued or the latest instance of the conduct.

Lafayette Consolidated Government (LCG)⁸

ADA Discrimination Complaint Form

Your Name	Phone	Name of Person(s) who discriminated Against You
Your Address (Street No., P.O. Box, Etc.)		Location and Position of Person (if known)
Your City, State, Zip		City, State, Zip of Alleged Incident
Discrimination Because of: <input type="checkbox"/> Disability Other Factors: <input type="checkbox"/> Race/Color <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Income Status <input type="checkbox"/> Retaliation		Date of Alleged Incident
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved and witnessed the discrimination. Be sure to include how other persons were treated differently than you. Attach any written material pertaining to your case.		
Signature:		Date:
Please return this form to: Lafayette Consolidated Government Title VI & ADA Coordinator PO Box 4017-C Lafayette, LA 70502		Ph : Fx :

⁸ This form will be printed and distributed to reflect the name and contact information of the current Title VI & ADA Coordinator as listed in Appendix H of this plan.