

Title II Grievance Procedure and Form

Scope of Title II Complaints

The scope of Title II covers all external APO activities. As a planning organization, the primary ways in which the APO interacts with the public is through the development of planning studies, and Board and Committee meetings which are open to the public.

During the development of planning studies, the public may be asked to review documents or other materials pertinent to the study and then provide their comments, ideas, and feedback to the APO staff. It is important that the materials provided be accessible to all citizens, and that the mechanism(s) by which the public provide their feedback also be accessible. Examples may include the need to mail out physical copies of a document to those who do not have access to the internet, getting documents and materials translated to other languages as needed, ensuring that documents and materials have enough contrast to be visible and that text fonts are not so small or complex as to be difficult to read, and providing a variety of methods by which the public can provide their feedback.

When deliberative and/or decision-making meetings are open to the public, it is important that the meeting locations are physically accessible, such as having ramps or lifts as an alternative to stairs, having doorways meeting ADA width standards, the presence of accessible restrooms, and aisles that are wide enough to accommodate wheelchairs and power chairs. It is also important that the information be presented in ways that are accessible, which may include the need for live interpretive services, having assistive listening devices available, and using high-contrast text on presentation slides.

An individual who believes that he/she/they or a specific class of individuals has been subjected to discrimination on the basis of disability by a public entity may, by himself/herself/theirself or by an authorized representative, file a complaint.

ADA Grievance Procedure

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA) and the Rehabilitation Act of 1973 (Rehabilitation Act). 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 Saint Cloud Area Planning Organization (APO). This Grievance Procedure does not explain the process for employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or tape recording of the complaint, will be made available as a reasonable modification for persons with disabilities upon request. Please contact the APO's Executive Director to request a reasonable modification of this grievance procedure.

The complaint should be submitted by the complainant and/or his/her/their designee as soon as possible, but no later than 60 calendar days after the alleged violation to:



Saint Cloud Area Planning Organization Title II Coordinator 1040 County Road 4 Saint Cloud, MN 56303 320-252-7568

The APO Executive Director will promptly confirm receipt of the complaint and provide suggested times to discuss the complaint and possible resolutions with the complainant. The suggested times provided by the APO Executive Director will fall within 15 calendar days of receipt of the complaint. Within 15 calendar days of discussing the complaint and possible resolutions with the complainant, the APO Executive Director will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. This written response will take one of two forms:

- 1. **Substantive Written Response:** If the APO has been able to gather sufficient information, the written response will explain the position of the APO and offer options for substantive resolution of the complaint.
- 2. Interim Written Response: The APO will provide for prompt and equitable resolution of complaints alleging violations of the ADA and/or Rehabilitation Act. Sometimes, equitable resolutions of a complaint will require investigation that takes more time. If the APO has not been able to gather sufficient information within 15 calendar days of contacting the complainant, the written response will explain what additional information the APO is still attempting to gather and will provide an estimate of the time it will take for the APO to provide a substantive written response explaining its position. When an interim written response is provided, the APO will promptly follow up at a later date with a substantive written response explaining the position of the APO and offering options for substantive resolution of the complaint.

Appeal of substantive written response: If the substantive written response by the APO Executive Director explaining the position of the APO and offering options for substantive resolution of the complaint does not satisfactorily resolve the issue, the complainant and/or his/her/their designee may appeal the decision. Appeals must be received by the APO no later than 18 calendar days of the date the substantive written response was mailed, emailed, or faxed. Appeals will be heard by the Federal Highway Administration (FHWA) Minnesota Division Office. Appeal requests must be mailed to:

Minnesota Division Federal Highway Administration 380 Jackson Street, Suite 500 St. Paul, MN 55101

Alternative means of making an appeal request, such as a phone call, personal interview, or a tape recording, will be made available as a reasonable modification upon request.

As part of the appeals process individuals involved in the initial investigation are not part of the final determination except to provide clarifying information regarding the initial investigation process.

Within 15 calendar days after receipt of the appeal, the FHWA representative will contact the complainant to discuss the appeal request and possible resolutions. Within 15 calendar



days after the FHWA representative contacts the complainant, they will respond in writing, and where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.



SAINT CLOUD AREA PLANNING ORGANIZATION TITLE II COMPLAINT FORM

The Saint Cloud Area Planning Organization (APO) assures that no person shall, on the grounds of disability as provided by Title II of the Americans with Disabilities Act (ADA) of 1990 or Section 504 of the Rehabilitation Act of 1973 be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination under any agency-sponsored program or activity.

An individual, or his/her/their representative, who believes that he/she/they has been subject to discrimination prohibited by Title II and other nondiscrimination provisions, has a right to file a complaint. Complaints need to be filed within 60 calendar days of the alleged occurrence.

Personal Information

(Type or write the requested information below)

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Name:
Address:
Phone Number:
Preferred Email:
Preferred Method of Contact:
Best Time to Contact You:
Are you filing this complaint on your own behalf?
□ Yes
\square No
If you answered YES to the last question, please go to the next section. If not, please answer the next three questions.
Please supply the name and relationship of the person for whom you are complaining:
Places explain why you have filed for a third party.
Please explain why you have filed for a third party:



are filing on behalf of a third party.
□ Yes
□ No
Information of Agency, or Contractor that Allegedly Discriminated
Date discrimination occurred:
Name of agency/contractor complaint is against:
Agency/contractor address:
Agency/contractor address:
Name(s) and job title(s) of individual(s) who allegedly discriminated:



Tell Us What Happened

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the program(s) and/or person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If additional space is needed, please attach extra sheet(s).

Verifica	tion
By signing this document, I, the submitter for thi information provided.	is form, warrant the truthfulness of the
Signature:	Date:
Please submit this form in person or at the addre	ess below, or mail this form to:
Saint Cloud Area Planning Organization Title II Coordinator 1040 County Road 4 Saint Cloud, MN 56303	



Notice of Rights

The purpose and intended use of the requested information is to assist APO staff and designees to evaluate and respond to accessibility concerns regarding APO building facilities, programs, or services.

Authorized persons or agencies with whom this information may be shared include APO officials, staff or designee(s).

Furnishing the above information is voluntary, but refusal to supply the requested information will mean APO staff may be unable to respond to or evaluate your request.

Complaints filed with the Federal Highway Administration

Discrimination complaints based on race, color, national origin, may be filed with the Federal Highway Administration's Office of Civil Rights via phone at 202-366-0693 or via email at fhwa.adacomplaints@dot.gov. Complaints can also be filed via U.S. Mail to:

Federal Highway Administration U.S. Department of Transportation Office of Civil Rights 1200 New Jersey Avenue, SE 8th Floor E81-105 Washington, DC 20590

The complaint **must** be filed, in writing, no later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by the Secretary of the U.S. Department of Transportation.

Complaints filed with the Minnesota Department of Human Rights

Discrimination complaints based on disability may be filed with the Minnesota Department of Human Rights. Complaint forms can be accessed online at https://mn.gov/mdhr/intake/consultationinquiryform/ or complainants may call 1-833-454-0148 to speak with an investigator.