

ADA Complaint Procedure

The Compliance Officer is responsible for coordinating the District's efforts to comply with the Americans with Disabilities Act. The purpose and intent of the procedure is to secure resolution at the lowest possible level and in a timely manner.

1. Filing Complaint - The ADA complaint form is provided in the office of the Superintendent. If the complainant is unable to complete the form, the alternative procedure is to request an appointment with the office of the Superintendent after providing 48 hours notice. The office of the superintendent will provide an appropriate alternative for the complainant including, but not limited to, an interpreter and/or electronic communication devices.
2. Time Limits - The complainant is to file the form or complete the alternative procedure within 180 days from the date of the alleged discrimination, unless the time for filing is extended by the designated agency for good cause shown. The office of the Superintendent will investigate the matter and hold a hearing within twenty (20) working days of the filing of the complaint. The office of the Superintendent will provide a response in writing to all concerned parties within ten (10) working days after the hearing.
3. Appeal - If the aggrieved is not satisfied with the solution, he/she may request, within ten (10) working days, that the complaint and supporting documentation be forwarded to the Board of Directors for a hearing. The complainant will state whether the request is for an open or closed (executive session) hearing. The Board will conduct an investigation and will hold a hearing within forty-five (45) working days of receipt of request for a hearing. The Board will respond to all concerned parties within twenty (20) working days after the hearing.

ADA AND SECTION 504 COMPLIANCE NOTICE

SECTION 504, STATES . . .

“no otherwise qualified individual with a disability in the United States . . . shall, solely by reason of his/her disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

THE AMERICANS WITH DISABILITIES ACT REQUIRES . . .

all programs and services to be accessible to persons with disabilities. Receipt of federal financial assistance is no longer a factor.

**WE OFFER ACCESSIBLE SERVICES BY
PROVIDING THE FOLLOWING:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOR SERVICES OR QUESTIONS, CONTACT:

Superintendent, Compliance Officer

Office Address: 401 W. 4th Street, Phoenix, OR 97535

Office Phone #: (503) 535-1511

Oregon Telecommunications Relay Service Phone #: 1-800-735-2900

PHOENIX-TALENT SCHOOL DISTRICT #4

AMERICAN WITH DISABILITIES ACT

COMPLAINT FORM

Statement of Complaint:

Statement of facts that form the basis for the complaint:

Proposed resolution to complaint:

(If you need additional space for either the complaint, the statement of fact or the proposed resolution, please attach other pages or documents.)

Signature of Complainant/Date Signed

Address:

Telephone:

Date received in the office of the Superintendent:

FORM 424 '93