

ADA Grievance Procedure & Form

Notifying the Public of Rights Under the Americans with Disabilities Act

Institute on Aging

Institute on Aging operates its programs and services without discrimination on the basis of disability, in accordance with the Americans with Disabilities Act (ADA). Any person who believes they have been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

ADA Grievance Procedure

Filing a Grievance

Grievances concerning the accessibility of IOA services, programs, or activities should be addressed to:

ADA Coordinator

Institute on Aging
3575 Geary Blvd.
San Francisco, CA 94118
Phone: (415) 750-4111
Email: hradmin@ioaging.org

Grievances should be submitted 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 a recording of the complaint, will be made available for persons with disabilities upon request.

The grievance should be submitted by the grievant and/or their designee as soon as possible but no later than 60 calendar days after the alleged violation.

Investigation Process

Within 15 calendar days after receipt of the grievance, the ADA Coordinator or their designee will meet with the complainant to discuss the grievance and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator or their designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio recording. The response will explain the position of the Institute on Aging and offer options for substantive resolution of the complaint.

Appeal Process

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

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

Record Keeping

All written grievances received by the ADA Coordinator or their designee, appeals to the Executive Director or their designee, and responses from these two offices will be retained by the Institute on Aging for at least three years.

Alternative Filing Options

A complainant may file a complaint directly with the U.S. Department of Justice, Civil Rights Division, by mail or online:

U.S. Department of Justice

950 Pennsylvania Avenue, NW
Civil Rights Division
Disability Rights Section - 1425 NYAV
Washington, D.C. 20530

By fax: (202) 307-1197

Online: www.ada.gov/filing_complaint.htm

If information is needed in another language or accessible format, contact (415) 750-4111.

ADA Grievance Form

Date of Filing: _____

Name of Complainant: _____

Address: _____

City, State, Zip Code: _____

Telephone (Home/Cell): _____ (Work): _____

Email: _____

Person Discriminated Against (if other than complainant): _____

Date of Incident: _____

Description of Alleged Discrimination (Please include location and explain as clearly as possible the nature of the incident and how you believe you were discriminated against):

Names of Individuals Responsible for Discrimination:

Names of Witnesses:

Proposed Remedy or Resolution:

Have you filed this complaint with any other federal, state, or local agency?

Yes____ No____

If yes, please provide agency name and contact information:

I affirm that I have read the above charge, and it is true to the best of my knowledge.

Signature of Complainant or Representative

Date

Please submit this form to:

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