

HARLAN COUNTY COMMUNITY ACTION AGENCY ADA/SECTION 504 PROGRAM COMPLAINT

INFORMATION & INSTRUCTIONS

ADA/Section 504 of the Rehabilitation Act of 1973 forbids denying qualified individuals with disabilities to participate in any programs receiving federal financial assistance. The complaint process is designed for members of the public to resolve conflicts with the Harlan County Community Action Agency (HCCAA) involving allegations of discrimination in access to HCCAA programs, services, and activities for persons with disabilities pursuant to the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

SECTION 1: COMPLAINANT INFORMATION

NAME (<i>first, mi, last</i>)			MAILING ADDRESS		
CITY	STATE	ZIP	PREFERRED METHOD OF CONTACT		
TYPE OF DISABILITY					
<input type="checkbox"/> Speech	<input type="checkbox"/> Mobility	<input type="checkbox"/> Hearing	<input type="checkbox"/> Home phone _____		
<input type="checkbox"/> Mental/Emotional	<input type="checkbox"/> Visual	<input type="checkbox"/> Other	<input type="checkbox"/> Email Address _____		
			<input type="checkbox"/> Alt/Cell _____		

ATTORNEY REPRESENTATION FOR THIS COMPLAINT (*if any*)

NAME (<i>first, mi, last</i>)			FIRM NAME		
ADDRESS			CITY	STATE	ZIP
PHONE			EMAIL		

SECTION 2: INCIDENT DETAILS

Select each of the following that is applicable to the denied access of complainant:

- Public Rights-of-Way
 Program
 Service
 Activity

Provide a detailed explanation of the denied accessibility incident. **Provide dates, location, and time.** If there are witnesses, provide names, addresses, and phone numbers for each witness.

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SECTION 2: INCIDENT DETAILS (cont.)
SECTION 3: GOVERNMENT, ORGANIZATION, OR INSTITUTION BELIEVED TO HAVE DISCRIMINATED

COMPANY NAME		STREET ADDRESS		
MAILING ADDRESS (if different from street address)		CITY	STATE	ZIP
PHONE	PERSON COMPLAINANT SPOKE WITH	TITLE (if known)		

PROPOSED RESOLUTION OR ACCOMMODATION (What remedy is being requested?)(Be specific.)

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

Yes No

AGENCY NAME	DATE
PERSON/TITLE COMPLAINT DIRECTED TO	

HARLAN COUNTY COMMUNITY ACTION AGENCY

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SECTION 4: SIGNATURE AUTHORIZATION & ADDITIONAL INSTRUCTIONS

By giving my signature below, I acknowledge that the information provided on this form is true and accurate to the best of my knowledge, and I accept that I may be contacted by a HCCAA Office for Civil Rights and Small Business Development official in regards to this complaint.

SIGNATURE

DATE

Return this form to:

Harlan County CAA
Executive Director - Donna Pace
319 Camden Street
Harlan, KY 40831

HCCAA does not discriminate on the basis of disability in admission of its programs, services, or activities; in access to them, in treatment of individuals with disabilities, or in any aspect of their operations. HCCAA also does not discriminate on the basis of disability in its hiring or employment practices.

This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. Questions, complaints, or requests for additional information regarding the ADA and Section 504 may be addressed to:

Harlan County CAA
Executive Director - Donna Pace
319 Camden Street
Harlan, KY 40831

This notice is available in large print, on audio tape, and in Braille upon request to the ADA Coordinator.