

Disability Inclusion Grievance Form

Instructions

Purpose of Form:

The State of Ohio is a disability inclusion state and strives to be a model employer of individuals with disabilities. Our agency is proud to support the disability inclusion initiatives outlined for state agencies, boards, and commissions, in accordance with Governor Mike DeWine's Executive Order 2019-03D.

The Americans with Disability Act (ADA) is based on three underlying values: equal opportunity, integration, and full participation. (Name of public entity) does not discriminate on the basis of disability in its services, programs, or activities. See our commitment to appropriate access and disability inclusion.

This form has been developed to notify state agencies of instances of non-compliance with the Americans with Disabilities Act.

Instructions:

Part 1: Provide your contact information.

Enter the following details into the fillable fields:

- Last Name, Middle Initial, First Name.
- Full Address - Street Address, City, State, Zip Code,
- Email Address
- Telephone Number (including area code)
- Best time to call
- Alternate Telephone Number (including area code) (if applicable)
- Agency Name (If State of Ohio employee)
- A complete description of the specific issue or issues you believe were non-compliant with the Americans with Disabilities Act
- The specific location or locations of the ADA issues prompting the complaint
- Date when the ADA non-compliance occurred / was noted

Part 2: How to submit your information:

Save this document, you may provide additional documentation supporting the allegation by emailing this completed document and any additional information to the agency ADA coordinator.

DISABILITY INCLUSION
Action.Access.Attitude



Disability Inclusion Grievance Form

To file a grievance of an alleged violation of the Americans with Disabilities Act (ADA) – complete and submit this form within 30 calendar days of the incident.

Contact Information

First Name: _____ Last Name: _____
Street Address, City, State, ZIP Code: _____
Email Address: _____
Phone Number: _____ Best time to call: _____
Alternate Phone Number (including area code) (if applicable): _____
Agency Name (If State of Ohio employee): _____

Incident Details

Date incident occurred: _____
Date you received the reasonable accommodation decision (If applicable): _____
Describe the specific issues you believe violate the ADA Act: _____

Provide the specific location(s) where the issue occurred: _____

To Submit the Form

Save this document and email this completed document and any additional information supporting the allegation to the agency ADA Coordinator.

Submit the form to: _____

Email address: _____

What You Can Expect

Within 15 business days after receipt of the complaint, the ADA Coordinator or designee will:

- Contact the grievant to discuss the complaint and the possible resolutions.
- Provide a written response within 15 business days of the meeting and, where appropriate, in a format accessible to the grievant, such as large print, Braille, or audio tape. The written response will explain the position of the agency and offer options for substantive resolution of the complaint.
- Provide instructions on how to Appeal this decision if the response does not satisfactorily resolve your grievance



Department of
Administrative Services

