

VILLAGE OF MORTON GROVE

AMERICANS WITH DISABILITY ACT (ADA) COMPLAINT PROCEDURE

The Village of Morton Grove (herein after referred to as Village) has adopted the following Americans with Disability Act (ADA) Complaint Procedure for the prompt and equitable resolution of complaints alleging any action prohibited by the U. S. Department of Justice regulations implementing Title II provisions of the ADA. Complaints involve the alleged discrimination regarding Village facilities, services, activities, and programs or against applicants or employees as to benefits, functions, and employment. Title II states, in part, that “*no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from participation in, be denied benefits of, or be subjected to discrimination in employment.*” The procedure identified below is consistent with the requirements of Section 35a.107(b) of the Americans with Disabilities Act.

PURPOSE

To insure the Village has a mechanism for resolving complaints at a local level without requiring the complainant to resort to the complaint procedures established under the ADA.

POLICY

ADA complaints regarding alleged discrimination by the Village with regards to its programs, services, activities or employment practices shall be resolved by the local government entity.

PROCESS

1. The ADA Coordinator for the Village serves as the individual responsible for consultation, receiving complaints, and responding to complainants regarding the ADA. Complaints may involve general accessibility or accessibility to programs, services and activities, as well as non-compliance with the employment requirements of the ADA.
2. The complaint procedure exists to provide a prompt and equitable resolution to a complaint. This procedure is not a prerequisite individuals must follow before pursuing other remedies provided under the ADA including filing a complaint with the Department of Justice or another appropriate federal agency, or pursuing any other action in state or federal courts. However, a delay in filing a complaint at the federal level caused by the pursuit of the remedies available under the local complaints procedure would generally be considered good cause for extending the time allowed for filing under Section 3170(b).
3. This procedure shall be construed to protect the substantive rights of interested persons to meet appropriate due process standards and to assure the Village complies with the ADA.

PROCEDURE

1. Questions related to Village programs, services and activities and compliance with the ADA, as well as any complaint, shall be submitted in writing to:

Teresa Hoffman Liston, ADA Coordinator
Village of Morton Grove
6101 Capulina Avenue,
Morton Grove, Illinois 60053
(847) 663-3003
(847) 965-4162 fax
tliston@mortongrovel.org

2. A complaint should contain the name and address of the complainant and a brief description of the alleged violation. Forms are available from the office of the Corporation Counsel on the second floor of the Richard T. Flickinger Municipal Center, 6101 Capulina Avenue, Morton Grove, Illinois 60053. In situations where the complainant's disability requires assistance to submit the complaint in writing, the Village Administrator's Office will reasonably accommodate the complainant.
3. A complaint should be filed within one hundred and eighty (180) days following the occurrence of the alleged discriminatory practice.

COMPLAINT REVIEW BY THE ADA COORDINATOR

1. An investigation, as may be appropriate, shall follow the filing of a complaint. The ADA Coordinator will conduct the investigation. These procedures will involve informal, but thorough, investigations affording all interested parties and their representatives an opportunity to submit evidence relevant to the complaint.
2. The ADA Coordinator shall issue a written response to the complaint, which includes a determination of its validity and a description of the proposed resolution. A copy of the determination and proposed resolution shall be forwarded to the complainant within twenty (20) business days of the receipt of the complaint.

RECONSIDERATION OF THE DETERMINATION

The complainant may request a reconsideration of the case in instances where she/he is dissatisfied with the resolution. The request for reconsideration should be made in writing to the Village Administrator within ten (10) business days from receipt of the written determination and proposed resolution. The Village Administrator will offer to meet with the complainant within fifteen (15) business days of the date he/she receives the request for reconsideration. The Village Administrator shall make a determination on the request for reconsideration within ten (10) business days of the final meeting on the matter, or if the complainant declines to meet with the Village Administrator, then within twenty-five (25) business days of the date he/she receives the request for reconsideration. The decision of the Village Administrator shall be deemed a final administrative decision.

DOCUMENTATION OF COMPLAINTS FILED

The ADA Coordinator shall maintain files and records relating to ADA complaints and action taken for at least three (3) years.

PURSUIT OF OTHER REMEDIES

The ADA complaint procedure exists to provide a prompt and equitable resolution to a complaint. This procedure is not a prerequisite to pursuing other remedies provided under the ADA, including filing a complaint with the Federal Department of Justice or another appropriate federal agency, or pursuing any other action through state or federal courts.

**VILLAGE OF MORTON GROVE
AMERICANS WITH DISABILITIES ACT (ADA)
COMPLAINT FORM**

Name of Complainant _____

Address _____

Phone (v/tdd) _____ Date: _____

Submit this complaint to:

Teresa Hoffman Liston, ADA Coordinator
Village of Morton Grove
6101 Capulina Avenue,
Morton Grove, IL 60053
(847) 663-3003
(847) 965-4162 fax
[**tliston@mortongroveil.org**](mailto:tliston@mortongroveil.org)

Your complaint will be handled in accordance with the *Village of Morton Grove ADA Complaint Procedure*. Upon request, this complaint form is available in alternative formats.

NATURE OF THE COMPLAINT:

On the second sheet of this form describe the incident(s) leading to this complaint. Identify the person(s) who allegedly committed a discriminatory practice (respondent). Indicate dates, times, locations, persons familiar with the circumstances and any other details that may assist in understanding the complaint. Include the details of any requests for accommodation and the response to those requests. Explain how you would like this matter resolved.

PLEASE DO NOT WRITE BELOW THIS LINE

Date received: _____ By whom: _____

Nature of the Complaint: _____

Action Taken: _____

Decision Communicated to Complainant on: _____

Complainant: _____

Respondent: _____

Date, location, witness to alleged discriminatory practice: _____

Nature of Complaint: _____

(additional pages may be used/added, if needed)

Respondent's Comments: _____

(additional pages may be used/added, if needed)

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