



Grievance Procedure Under the Americans with Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs or benefits by the Heart Havens, Inc. Heart Havens, Inc. Personnel Policy governs employment-related complaints of disability discrimination.

The Complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant; and location, date and description of the alleged discrimination. Alternative means of filing complaints, such as personal interviews or tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to: Rebecca Huff, ADA Coordinator Heart Havens, Inc., 7501 Boulders View Drive #205, 804-237-6097 rebecca.huff@hearthavens.org

Within 15 calendar days after receipt of the complaint, Heart Havens, Inc. ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and the possible resolution. Within 15 calendar days of the meeting, Heart Havens, Inc. ADA Coordinator or his/her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille or audio tape. The response will explain DRPT's position and offer options for substantive resolution of the complaint.

If Heart Havens, Inc. response does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the Department of Rail and Public Transportation or his/her designee.

Within 15 calendar days after receipt of the appeal, the Department of Rail and Public Transportation or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting,



the Department of Rail and Public Transportation or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by Heart Havens, Inc. ADA Coordinator) or his/her designee, appeals to the Department of Rail and Public Transportation or his/her designee, and responses from these two offices will be retained by Heart Havens, Inc. for at least three years.



**Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form**

Name:	
Address:	
Telephone (Home):	Telephone (Work/Cell):
Electronic Mail Address:	
Person discriminated against (if other than complainant):	
Address	
Telephone (Home):	Telephone (Work/Cell):
Electronic Mail Address:	
Government, organization, or institution you believe has committed a discriminating act:	
Complainant Name:	
Address:	
Telephone (Home):	Telephone (Work/Cell):
Email:	
When did the discrimination occur?	
Date:	Time:
Where did the discrimination occur?	
Location:	
Describe the acts of discrimination providing names (where possible) along with details of the incident including bus/vehicle information and route numbers (if applicable).	



Has the complaint been filed with the Department of Justice or any other Federal, State or local civil rights agency or court?
Yes No
If yes, please provide the following information:
Agency or Court:
Contact person:
Address:
City, State and Zip:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Heart Havens, Inc
7501 Boulders View Dr, Ste 205
Richmond, VA 23225
ATTN: Rebecca Huff