

## EXHIBIT 5-R

### Sample SECTION 504 and ADA COMPLAINT RESOLUTION PROCEDURES and ADA COMPLAINT FORM

... To be adopted by the CDBG Grantee as part of CDBG project start-up activities ...  
See Chapter 5: pages 5-2, 5-24, 5-25

Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990* (ADA) provide comprehensive civil rights protection to individuals with disabilities in the areas of employment, public accommodations, state and local government services and programs, and telecommunications. Title II of the ADA states, in part, that:

no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subject to discrimination in programs or activities sponsored by a public entity.

The (Name of CDBG Grantee) has adopted this complaint procedure to provide prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title II of the ADA.

Any individual who believes that she/he or a specific class of individuals with disabilities has been subjected to unlawful discrimination on the basis of that disability by the (Name of GDBG grantee) or any of the (Name of CDBG Grantee's) contractors or suppliers may, by himself or herself or by an authorized representative, file a written complaint.

Complaints or questions should be addressed to: (Name, Title, Address and Phone Number of Contact Person), TDD # (406) \_\_\_\_-\_\_\_\_. Montana Relay System for the Deaf: Dial 711 or 1-800-253-4091 to use Montana Relay. The (Title of assigned individual) has been designated to coordinate compliance with Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990*.

1. The complaint must be filed in writing and contain the name, address, and telephone number of the individual or representative filing the complaint; a description of the alleged discriminatory action in sufficient detail to inform the department of the nature and date of the alleged violation; the signature of the complainant or authorized representative; and a description of the corrective action that is being sought. Complaints filed on behalf of a third party must identify the alleged victims of the discrimination. Complaints may be filed on the attached complaint form.
2. The complaint must be received within 20 calendar days after the alleged violation occurs. This time may be extended, as determined by the Section 504/ADA Coordinator, for good cause shown.

3. The (Name of CDBG Grantee) shall promptly conduct an informal investigation of the complaint. Interested parties will be afforded an opportunity to submit information relevant to the complaint.
4. A written response will be issued and a copy forwarded to the complainant no later than 30 calendar days after completion of the investigation.
5. The (Name of CDBG Grantee) will maintain the files and records relating to the complaint and its investigation according to the records retention schedule for personnel documents found in Chapter 800, *Montana Operations Manual*, Volume I.
6. Nothing in this complaint resolution procedure shall be construed as preventing an individual from pursuit of other remedies, including filing a formal complaint with the Montana Human Rights Commission, with any federal agency the individual believes is appropriate, or with the U.S. Department of Justice. The time limit for filing a formal complaint is 180 days after the alleged incident. This procedure also does not preclude the individual's right to file a lawsuit in federal district court.

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Chief Elected Official/Board Chairman

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Date

(*Name of CDBG Grantee*)

ADA COMPLAINT FORM

**COMPLAINANT'S NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ (8:00 am to 5:00 pm, Mon-Fri)

**PLEASE DESCRIBE THE ALLEGED DISCRIMINATORY ACTION OR DENIAL OF SERVICE.**

Please provide sufficient details. Include: description of alleged discriminatory action, names, dates, places, actions/events, witnesses, etc.

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[ ☐ ] CHECK HERE if additional pages are attached

PLEASE SPECIFY WHAT CORRECTIVE ACTION YOU ARE SEEKING:

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[    ] CHECK HERE if additional pages are attached.

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING COMPLAINT

\_\_\_\_\_  
DATE

COMPLAINTS SHOULD BE ADDRESSED TO: (*Name and Address of ADA/Section 504 Coordinator*). Telecommunications Device for the Deaf – TDD: (406) 444-2978.  
**Dial 711 or 1-800-253-4091 to use the Montana Relay Service.**

\* \* \* \* \*

**FOR AGENCY USE ONLY**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE