



## Federally Funded Transportation Program

### Americans with Disabilities Act Complaint Form

## ADA COMPLAINT FORM

To submit an ADA complaint to the Skagit Council of Governments, fill out this form and mail it to:

- Skagit Council of Governments  
Attn: ADA Coordinator  
315 South Third Street, Suite 100  
Mount Vernon, WA 98273

Alternatively, this form can be emailed to [jillb@scog.net](mailto:jillb@scog.net). This form can also be filed with the agencies that appear on the last page.

If you have questions about this complaint form or compliant procedures, need ADA translation services, or other assistance related to an ADA complaint contact Jill Boudreau at (360) 416-7871 or [jillb@scog.net](mailto:jillb@scog.net).

### COMPLAINT INFORMATION

1. Complainant Name (*please print*):
2. Phone number:
3. Email:
4. Best time of day to contact you about this complaint:
5. Home address (*address number, street, city, state, zip code*):
6. Discrimination alleged because of:
7. Date of alleged incident:
8. Who discriminated against you?

Name:

Name of Organization:

Address:

Phone number:

Email:

9. Explain what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. If you have any other information about what happened, please attach supporting documentation to the form. (Attach additional pages if more space is needed.)
10. What remedy are you seeking for the alleged discrimination? Please note that this process will not result in the payment of punitive damages or financial compensation.
11. List any other persons that we should contact for additional information in support of your complaint. Please list their names, phone numbers, addresses and email addresses below.
12. Have you filed your complaint, grievance, or lawsuit with any other agency or court?
- |   |                   |
|---|-------------------|
| Which agency or court:                  | Filing date:      |
| Status (pending, resolved, etc.):       | Result, if known: |
| Complaint number, if known:             |                   |
| Do you have an attorney in this matter? |                   |

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Complainant Signature

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Date

## **COMPLAINT PROCEDURES**

This Complaint 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 Skagit Council of Governments (SCOG). SCOG's Personnel Handbook 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 problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. Complaint forms are available at SCOG officers and on SCOG's website. The complaint form includes the complaint procedures specified below.

The complaint should be submitted by the complainant and/or their designee as soon as possible but no later than 60 calendar days after the alleged violation to the ADA Coordinator.

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or their designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting the ADA Coordinator or their designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio message. The response will explain the position of the Skagit Council of Governments and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or their designee does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within 15 calendar days after receipt of the response to the Skagit Council of Governments Board of Directors. At their next regularly scheduled meeting, the Board of Directors will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Board of Directors or their designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

The procedures do not deny the right of the complainant to file formal complaints with other state or federal agencies, or to seek private counsel for complaints alleging discrimination. An ADA complaint may be filed with any of the following offices:

- Skagit Council of Governments  
Attn: ADA Coordinator  
315 South Third Street, Suite 100  
Mount Vernon, Washington 98273  
Email: [jillb@scog.net](mailto:jillb@scog.net)  
Phone: (360) 416-7871
- Washington State Department of Transportation  
Office of Equal Opportunity, ADA Program  
310 Maple Park Avenue SE  
P.O. Box 47300  
Olympia, WA 98504-7300  
Email: [wsdotada@wsdot.wa.gov](mailto:wsdotada@wsdot.wa.gov)
- Federal Highway Administration  
Office of Civil Rights  
8th Floor E81-105  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Email: [CivilRights.FHWA@dot.gov](mailto:CivilRights.FHWA@dot.gov)
- Federal Transit Administration  
Office of Civil Rights  
Attn: Complaint Team  
East Building, 5<sup>th</sup> Floor – TCR  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Email: [FTACivilRightsCommunications@dot.gov](mailto:FTACivilRightsCommunications@dot.gov)
- United States Department of Justice  
Civil Rights Division  
950 Pennsylvania Avenue, NW  
Washington DC, 20530-0001  
Phone: (855) 856-1247

All written complaints received by the ADA Coordinator or their designee, appeals to the Board of Directors or their designee, and responses from these two offices will be retained by the Skagit Council of Governments for at least four years.