### ST. ANN'S HOME FOR THE AGED ADA Complaint Policy and Procedures

#### **POLICY**

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination on the basis of a disability. St. Ann's Home for the Aged shall not exclude an individual with a disability, from participating in or be denied the benefits of the services, programs, activities, transit system or a facility. St. Ann's Home for the Aged will not discriminate against individuals with disabilities. Any person who believes that they have been discriminated against, or denied access to our services, programs, activities, transit system or facilities because of their disability may submit a complaint directly to St. Ann's Home for the Aged.

#### **COMPLAINT PROCEDURES**

A written complaint should be made within 30 calendar days of the alleged incident to facilitate a prompt investigation and resolution. The written complaint should be as specific as possible and include the date the incident occurred, names of individuals involved, the facility, programs, services or activities involved, the nature of the problem and a proposed resolution. Include your full name, contact information and best method to reach you.

Mail or email the complaint to:

Michelle Dwyer, ADA Coordinator St. Ann's Home for the Aged 1500 Portland Avenue Rochester, New York 14621 Phone (585) 697-6395 mdwyer@mystanns.com

If you need an alternative method to provide your complaint, you may contact the ADA Coordinator and either provide a verbal complaint or request information in accessible formats to be able to submit your complaint.

Within 10 days after receipt of the complaint, the ADA Coordinator will contact the complainant, by mail, email, telephone or video conference, to discuss the complaint and to find a resolution. Within 30 calendar days of the discussion, the ADA Coordinator will provide a written explanation on the outcome of the complaint. A summary of the complaint and its closure will be kept for five years.

If the complainant is not satisfied with the outcome, the complainant, may appeal the decision, within 45 days to New York State Department of Transportation (see below).

As an alternative to filing an ADA complaint directly with St. Ann's Home for the Aged, a complaint may be submitted directly to:

 New York State Department of Transportation Office of Diversity and Opportunity 50 Wolf Road, 6th Floor Albany, NY 12232 (518) 457-1129 Fax (518) 549-1273 OCR-TitleVI@dot.ny.gov Federal Transit Administration
 Office of Civil Rights
 Attention: Title VI Program Coordinator
 East Building, 5th Floor-TCR,
 1200 New Jersey Ave., SE Washington, DC 20590

Questions concerning this policy and procedures may be directed to St. Ann's Home for the Aged, ADA Coordinator at (585) 697-6395 or at mdwyer@mystanns.com.

# St. Ann's Home for the Aged Title VI and ADA Complaint Form

| Section I:  |             |                          |      |    |  |
|---|-------------|--------------------------|------|----|--|
| Your Name:  |             |                          |      |    |  |
| Address:  |             |                          |      |    |  |
| Telephone (Home):   |             | Telephone (Work/Mobile): |      |    |  |
| Email Address:  |             |                          |      |    |  |
| Accessible Format   | Large Print |                          |      |    |  |
| Requirements? TDD Other  Section II:  |             |                          |      |    |  |
|   |             |                          |      |    |  |
| Are you filing this complaint on your own behalf?   |             |                          | Yes* | No |  |
| *If you answered "yes" to this question, go to Section III.   |             |                          |      |    |  |
| If not, please supply the name and relationship of the person for whom you are complaining:   |             |                          |      |    |  |
| Please explain why you have filed for a third party:  |             |                          |      |    |  |
| Please confirm that you have obtained the permissio aggrieved party if you are filing on behalf of a third p  |             |                          | Yes  | No |  |
| Section III:  |             |                          |      |    |  |
| I believe the discrimination I experienced was based on (check all that apply):   |             |                          |      |    |  |
| □ Race □ Color □ National Origin □ Disability   |             |                          |      |    |  |
| Date of Alleged Discrimination (Month, Day, Year):  |             |                          |      |    |  |
| Agency name complaint is against:   |             |                          |      |    |  |
| Location of where the alleged discrimination occurred:  |             |                          |      |    |  |
| Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages. |             |                          |      |    |  |
|   |             |                          |      |    |  |

| Section IV  |   |  |  |  |
|---|---|--|--|--|
| Have you filed this complaint with any other State court?                                 | r Federal, State, or local agency, or with any Federal or |  |  |  |
| □ Yes □ No  |   |  |  |  |
| If yes, check all that apply:   |   |  |  |  |
| □ Federal Agency:   | <u></u>   |  |  |  |
| ☐ Federal Court:  | State Agency:   |  |  |  |
| ☐ State Court:  | Local Agency:   |  |  |  |
|   |   |  |  |  |
| Provide information for the contact person a  | at the agency/court where the complaint was filed.        |  |  |  |
| Name and Title:   |   |  |  |  |
|   |   |  |  |  |
| Agency:   |   |  |  |  |
| Address:  |   |  |  |  |
| Telephone:  |   |  |  |  |
| You may attach any written materials or of complaint.  Signature and date required below. | ther information that you think is relevant to your       |  |  |  |
| Signature   | Date  |  |  |  |

Please submit this form by mail, email or in person to the address below.

## ST. ANN'S HOME FOR THE AGED

Michelle Dwyer-Title VI/ADA Coordinator 1500 Portland Avenue Rochester, NY 14621 mdwyer@mystanns.com

This complaint may also be filed directly with the New York State Department of Transportation, Office of Civil Rights, 50 Wolf Road, 6th Floor, Albany, NY 12232, (518) 457-1129 Fax (518) 549-1273, OCR-TitleVI@dot.ny.gov or the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.