

**Home of Hope, Inc.**  
**Americans with Disabilities Act (ADA)**  
**Complaint Policy and Procedures**

**Notice Under the Americans with Disabilities Act (ADA)**

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), Home of Hope, Inc. will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities.

**Employment:** Home of Hope, Inc. does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

**Effective Communication:** Home of Hope, Inc. will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the Home of Hope, Inc. programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

**Modifications to Policies and Procedures:** Home of Hope, Inc. will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in our offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of Home of Hope, Inc., should contact:

Dena Pitts  
Chief Operating Officer  
226 W Dwain Willis Ave  
Vinita, OK 74301  
918-256-7825  
Dena.pitts@homeofhope.com

The ADA does not require Home of Hope, Inc. to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of Home of Hope, Inc. is not accessible to persons with disabilities should be directed to the Chief Operating Officer listed above.

Home of Hope, Inc. will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

## Complaint Procedures

Anyone who feels they have been discriminated against on the basis of disability by Home of Hope, Inc. in the provision of a Home of Hope, Inc. program, service or activity has the right to file a complaint. Contact the Chief Operating Officer for the department providing the program, service or activity. Home of Hope, Inc. will work with the individual to resolve the complaint on an informal level. If that is not possible, the individual may file a formal ADA grievance as per Home of Hope, Inc.'s ADA Complaint Procedure.

Home of Hope, Inc. ADA Complaint Procedure is the mechanism by which individuals may file complaints of disability discrimination under the Americans with Disabilities Act of 1990. Formal ADA complaints can be submitted via telephone (918-256-7825), email (dena.pitts@homeofhope.com), by mail to or in person at (226 W Dwain Willis Ave, Vinita OK 74301).

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

Within 3 business days after receipt of the complaint, Home of Hope, Inc. will acknowledge receipt of the complaint via email and initiate an investigation of the complaint.

The complainant may request a meeting by phone or online. The Chief Operating Officer or their designee may request additional information from the complainant and if requested will meet with the complainant by phone or online to discuss the complaint and the possible resolutions.

Within 15 business days after receipt of the complaint, the Chief Operating Officer or their designee will respond in writing, and in a format accessible to the complainant. The response will explain the position of the Home of Hope, Inc. and offer options for substantive resolution of the complaint.

If the response by the Chief Operating Officer or their designee does not satisfactorily resolve the issue, the complainant may appeal the decision within 15 calendar days after receipt of the response to the Chief Executive Officer or their designee. Within 15 calendar days after receipt of the appeal, the Chief Executive Officer or their designee will meet with the complainant by phone or online to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Chief Executive Officer or their designee will respond in writing, and in a format accessible to the complainant, with a final resolution of the complaint.

## Complaint Tracking and Record Retention

The Chief Operating Officer, or their designee, will be responsible for tracking all ADA complaints for the purpose of establishing trends in allegations of discrimination.

The Chief Operating Officer, or their designee, will maintain a summary log of all ADA complaints. In addition, all written complaint documents and materials gathered during the investigation, appeals, and responses are maintained for at least five years.

### Home of Hope, Inc. List of ADA Investigations, Lawsuits and Complaints

	Date Submitted/Filed (Month, Day Year)	Summary of allegation (include basis of complaint: race, color or national origin)	Status	Resolution/Action Taken
Investigations				
1				
2				
Lawsuits				
1				
2				
Complaints				
1				
2				

# Complaint Form

## Home of Hope, Inc. ADA Complementary Paratransit Complaint Form

The purpose of this form is to assist you in filing a complaint with Home of Hope, Inc.. You are not required to use this form; a letter containing the same information will be sufficient.

For questions about Home of Hope, Inc. Americans with Disabilities Act (ADA) complaint procedures or complaint form contact Dena Pitts, Chief Operating Officer (918) 256-7825 or [dena.pitts@homeofhope.com](mailto:dena.pitts@homeofhope.com).

<b>Section I:</b>			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
<b>Section II:</b>			
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 permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No
<b>Section III:</b>			

I believe the discrimination I experienced was based on (check all that apply):

- Race                       Color                       National Origin                       Age  
 Disability                       Accessibility Issue                       Other (specify) \_\_\_\_\_

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Time of Day: \_\_\_\_\_

Location: \_\_\_\_\_

*(Continued on next page)*

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.

Witness(es):  YES  NO

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<b>List Witness(es):</b> <i>(Attach a separate sheet, if necessary)</i>
(1) Name:
Phone Number: (      )
(2) Name:
Phone Number: (      )
(3) Name:
Phone Number: (      )
(4) Name:
Phone Number: (      )

(Continued on next page)

<b>Section IV</b>		
Have you previously filed a Title VI complaint with this agency?	Yes	No
<b>Section V</b>		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____		
<input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
<b>Section VI</b>		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

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:

Home of Hope, Inc. Title VI Coordinator  
226 W Dwain Willis Ave  
Vinita, OK 74301

**INTERNAL USE ONLY**

*To be completed by ADA Compliance Officer*

Accepted for formal Investigation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referred to another department on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Rejected \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Reason for Rejection:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dena Pitts, ADA Compliance Officer**

\_\_\_\_\_

**Date**