



ADA/504 Grievance Process

Washington State's Department of Children, Youth, and Families (DCYF) Grievance Process and Complaint Form under title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act (ADA) (42 United States Code, section 12132) or Section 504 of the Rehabilitation Act as amended (29 United States Code, 794) as implemented by the US Department of Health and Human Services regulations (45, Code of Federal Regulations, Part 84). 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 DCYF. DCYF's Personnel Policy governs employment-related complaints of disability discrimination.

Written complaints should be made by filing out the *ADA/504 Complaint Grievance Form* (05-305) online at <https://app.smartsheet.com/b/form/b1469a907af34e849cb66d81ea2d959f>. Please provide information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. If you are unable to write because of your disability and cannot submit a complaint online, by mail, or facsimile, The ADA Coordinator can assist you by scribing your complaint by phone or, for individuals who communicate by American Sign Language, by videophone using 7-1-1 relay services.

The complaint should be submitted by the grievant (complainant) or the complainant's designee as soon as possible after the alleged violation. Complaints can be submitted using the form or by sending the written complaint to:

Karin Morris, DCYF ADA Coordinator
dcyf.adaaccessibility@dcyf.wa.gov
1500 Jefferson St. SE
Olympia, WA 98501

Within 15 calendar days after receipt of the complaint, the DCYF ADA Coordinator or their designee will contact the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of that initial contact, the DCYF 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 electronic formats. The response will explain the position of DCYF and offer options for substantive resolution of the complaint.



Suppose the response by DCYF ADA Coordinator or their designee does not satisfactorily resolve the issue. In that case, the complainant or the complainant's designee may appeal the decision within 15 calendar days after receipt of the response to DCYF's Secretary or the Secretary's designee, who will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution to the complaint. If the complainant is unsatisfied with DCYF's final resolution, the complainant always has the right to file a complaint with the US Department of Justice, Civil Rights Division, or the US Department of Health & Human Services, Office for Civil Rights.

US Department of Justice (DOJ), Civil Rights Division:
<https://civilrights.justice.gov>

Online DOJ Civil Rights Division Complaint:
<https://civilrights.justice.gov/report>

To file an ADA complaint by mail, send the completed ADA Complaint form: www.ada.gov/t2cmpfrm.htm

US DOJ – Civil Rights Division
950 Pennsylvania Ave, NW
4CON, 9th Floor
Washington, DC 20530

US Department of Health & Human Service,
Office of Civil Rights: www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

Online HHS - OCR Complaint Portal:
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

To file a Section 504 of the Rehabilitation Act complaint by mail, send the completed Civil Rights Discrimination Complaint Form: www.hhs.gov/sites/default/files/ocr-60-day-frn-cr-crf-complaint-forms-508r-11302022.pdf

Centralized Case Management Operations
US HHS – 200 Independence Ave., SW.
Room 509F HHH Bldg.
Washington DC 20201



All written complaints received by DCYF ADA Coordinator or their designee, appeals to the DCYF Secretary or the Secretary's designee, and responses from these two officials will be retained by DCYF for at least three years.

This policy shall be liberally constructed to protect the substantial rights of interested persons, to meet appropriate due process standards, and to assure Washington's DCYF compliance with the ADA and Sections 504 as stated above.

Discrimination Complaint/Grievance Form

Please fill out this form completely.
If you need any assistance, please contact the ADA Accessibility Program by calling (360) 693-2198, relay users dial 7-1-1, or Email dcyf.adaaccessibility@dcyf.wa.gov.

You can submit this form via:

- Web form – ADA/504 Discrimination Complaint/Grievance Form (05-305): <https://app.smartsheet.com/b/form/b1469a907af34e849cb66d81ea2d959f>
- Mail or email – ADA/504 Discrimination Complaint/Grievance Form (05-305) PDF: www.dcyf.wa.gov/sites/default/files/forms/05-305.pdf

If you would like copies of this document in an alternative format or language, please contact DCYF Constituent Relations (1-800-723-4831 | 360-902-8060, ConstRelations@dcyf.wa.gov).