



Access for All

Title II of the Americans with Disabilities Act (ADA) of 1990, Section 504 of the Rehabilitation Act of 1973, and the ADA Amendments Act of 2008 protects qualified individuals with a disability from discrimination on the basis of that disability in the services, programs, or activities of the Rhode Island Department of Transportation (RIDOT).

Equal Access

The Rhode Island Department of Transportation will make reasonable accommodations to its policies and programs to ensure that individuals with disabilities have equal access to Department programs, services or activities. Individuals requiring auxiliary aids or services for effective communication or modification of policies or procedures of a Department program or service should contact Barry Simpson, RIDOT ADA Coordinator at (401) 563-4056 or Sam Guglielmi, Community Liaison Officer at (401) 563-4331. Requests for auxiliary aids or services must be made no later than **10 business days** before the scheduled event.

ADA Complaint Procedure

In the event an individual believes the Department has failed to comply with Title II of the ADA and/or Section 504 of the Rehabilitation Act of 1973 by not providing equal access to, participation in, or denied the benefits of a Department service, program, or activity, that individual or group of individuals may file a complaint with the Department.

Who May File

Any person who believes the RIDOT, a RIDOT sub-recipient, a RIDOT consultant or a RIDOT contractor has engaged in discrimination against that person or a specific class of persons, may file a complaint.

The process for filing an ADA Title II Complaint is as follows:

1. Fill out the complaint form and submit it to the ADA Coordinator at the address below.

A written complaint may be filed using the Department's Title II Complaint form. The complaint form is located on the RIDOT website at <http://www.dot.state.ri.us> under the heading of "Doing Business with Us", and the subheading of "Civil Rights."

A copy of the form may be obtained by writing to the Department at:

ADA Title II Complaint Procedure

Rhode Island Department of Transportation
Office of Civil Rights
Two Capitol Hill
Providence, RI 02903
Attn: Barry Simpson, ADA Coordinator

An oral complaint may be filed by contacting the Department's ADA Coordinator directly at (401) 563-4056. If a reasonable accommodation is needed to communicate your complaint, such as an interpreter or alternative format, please indicate the need on the complaint form and assistance will be provided. Speech or hearing impairment assistance is available by dialing Rhode Island Relay at 711.

The written or oral complaint must be filed within **180 days** after the discriminatory action about which you are complaining. Send the complaint to:

Rhode Island Department of Transportation
Office of Civil Rights
Two Capitol Hill
Providence, RI 02903
Attn: Barry Simpson, ADA Coordinator

2. Meet with the ADA Coordinator to Discuss Your Complaint

The ADA Coordinator will meet with the Complainant within **10 business days** of the complaint being filed or arrange a telephone meeting to discuss the complaint.

3. The ADA coordinator will synthesize the information from the meeting and the ADA complaint form into a report and will forward the completed document to the complainant for review and concurrence of the facts of the complaint. If the complainant agrees that the document accurately portrays the complaint, they will sign and date the document. The form will also be signed and dated by the ADA Coordinator.

4. The Complaint is Investigated

Within **60 days** of the receipt of the signed Complaint Form, the meeting with the complainant, and the signed summation of the facts of the complaint, the ADA Coordinator will investigate the complaint. Following the investigation, the ADA Coordinator will contact the complainant to discuss the findings, explain how the complaint will be resolved and the timeframe for resolution of the complaint. The ADA Coordinator will provide a written decision to the complainant, signed and dated, which includes a finding of "Cause" or "No Cause" to believe any discrimination has occurred, as well as any actions RIDOT will take to resolve the complaint.

5. If the Complaint is Not Resolved

ADA Title II Complaint Procedure

If the complainant disagrees with the Department's decision regarding the original complaint, an appeal may be filed with the Department of Transportation's Legal Services Office at:

Rhode Island Department of Transportation
Office of Legal Counsel
Two Capitol Hill
Providence, RI 02903
Attn: Vera Querceto, Chief Legal Council

The Department's Chief Legal Council will review the original complaint, the ADA Coordinator's written decision and findings, attempts to address the complaint, and reasons for the complainant's dissatisfaction with the original ruling.

A final determination will be made within **30 days** of the receipt of the appeal. The complainant will be notified of the decision in writing. The Chief Legal Council's decision will be final.

6. Other Filing Options

The use of the Rhode Island Department of Transportation's ADA Complaint process in no way precludes an individual or group from filing a formal complaint with the Rhode Island Governor's Commission on Disabilities, the Civil Rights Division of the Federal Highway Administration, the U.S. Department of Transportation, or the United States Department of Justice. The complainant is *not* required to complete the RIDOT Complaint Process before filing with any other agency.

7. Record Maintenance

The Department's ADA Coordinator will maintain ADA complaint and related documents for **5 years** from the date of final response.

Complaint Procedure Timetable

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| Complaint must be filed within | 180 days |
| ADA Coordinator meets with the Complainant within | 10 business days |
| Complaint investigated within | 60 days |
| Final determination made within | 30 days |
| Record of complaint maintained for | 5 years |



TITLE VI/NONDISCRIMINATION COMPLAINT FORM

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied benefits of, or subjected to discrimination under any program or activity receiving Federal financial assistance.

42 U.S.C. § 2000d

Complainant:

Name: _____

Address: _____

_____ Zip Code _____

Telephone No.: (Home) _____ (Cell) _____ (Work) _____

Person(s) discriminated against, if different from above:

Name: _____

Address: _____

_____ Zip Code _____

Telephone No.: (Home) _____ (Cell) _____ (Work) _____

Please describe your relationship to this person(s).

Agency, institution, or organization that discriminated:

Name: _____

Any individual if known: _____

Address: _____

_____ Zip _____

Telephone No.: _____

Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the agency, institution, or organization? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken:

___ Race: _____

___ Color: _____

___ National Origin: _____

___ Sex: _____

___ Age: _____

___ Disability: _____

If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____

_____ Zip _____

Telephone No.: _____

To the best of your recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

Please explain as clearly as possible 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 from you. (Please use additional sheets if necessary.)

If you believe that you have been retaliated against for complaining about discrimination or cooperating in an investigation of alleged discrimination, please explain the circumstances and what actions you took which you believe were the basis for the alleged retaliation.

Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom RIDOT may contact for additional information to support or clarify your complaint.

Please provide any other information that you think is relevant to your discrimination complaint.

What remedy are you seeking for the alleged discrimination?

Please sign and date the complaint below. (Please note that RIDOT cannot process the complaint without a signature.)

Signature

Date