Goodwill of Northern Wisconsin and Upper Michigan, Inc.

American Disability Act of 1990 (ADA)

ADA COMPLAINT AND REASONABLE MODIFICATION POLICY

Title II and III of the Americans with Disabilities Act of 1990 **(ADA)** provides that no entity shall discriminate against an individual with a disability in connection with the provision of transportation services. Title II of the ADA prohibits state and local governments from discriminating against people with disabilities. Title III establishes accessibility requirements for places of public accommodation. The law sets forth specific public transit requirements for vehicle and facility accessibility and the provision of service, including access to fixed route bus and complementary paratransit service. Goodwill Industries of Northern Wisconsin and Upper Michigan, Inc. **(GWNWUM)** is committed to providing safe and reliable transportation to all people without discrimination.

The attached flyer (Attachment A) will be posted in all transit agency buses, facilities, and websites. All employees of Goodwill Industries of Northern Wisconsin and Upper Michigan, Inc.'s Work Force Development Center in Houghton, Michigan, shall receive a copy of its ADA Policy and Complaint Procedure and are required to sign the acknowledgement of Receipt (see Attachment D).

ADA COMPLAINTS

If **GWNWUM** receives a complaint regarding discrimination against an individual under the ADA, we will respond within 30-days of receiving the complaint and will work to resolve the issue with the complainant as quickly as possible. This may involve legal assistance and/or mediation. We will document the entire process, including the resolution, and notify the Michigan Department of Transportation **(MDOT)** Office of Passenger Transportation **(OPT)**. We will keep the complaint and all related documents on file for at least one year. We will keep a summary of all complaints filed for at least five years. Records will be made available to **MDOT OPT** upon request.

What information should my ADA complaint include?

Your written ADA complaint should provide the following information:

1. Your full name, address, telephone number, and e-mail address where we can reach you during the day and evening.
2. The name of the party discriminated against, if known.
3. The name of the person you believe committed the discrimination, if known.
4. A brief description of the alleged discrimination and the dates they occurred.
5. Other information you feel is necessary to support your complaint, including copies (not originals) of relevant documents.

6. Information about how to communicate with you effectively. Please let us know if you want written communications in a specific format (e.g., large print, Braille, electronic documents).

To guide you in providing the requested information, you may use the attached ADA complaint form. (Attachment B)

How do I file an ADA complaint by email?

Include all of the information listed above, either in the body of the email or in an attachment. Attach relevant documents to your email. Send your complaint to Debra LaMere, VP of Administration, Compliance & Workforce Development via e-mail to dlamere@gwnwup.org. You will receive a reply email confirming that your complaint has been received within 48 business hours. Please keep a copy of your complaint and the reply email for your records. If you do not receive a reply email, please contact **GWNWUM** at (715) 732-0563 x1011.

You may also submit your complaint by mail to:

Debra LaMere, VP of Administration, Compliance & Workforce Development
Goodwill Industries of Northern WI and Upper MI
PO Box 660
Marquette, MI 49855

What happens after my complaint is received?

After the complaint is received, we will inform you of our action, which may include:

1. Contacting you for additional information or copies of relevant documents.
2. Working with you to resolve the issue.
3. Referring your complaint for possible resolution through the U.S. Department of Justice ADA Mediation Program.
4. Referring your complaint to another federal agency with responsibility for the types of issues you have raised.

How can I find out the status of my complaint?

We will review each complaint carefully. If you have not heard from us within three weeks, please contact us at (715) 732-0563 x1011.

REASONABLE MODIFICATIONS

Public agencies that provide designated public transportation shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability or to provide program accessibility to their

services. This requirement applies to the means public entities use to meet their obligations under all provisions of the law.

In choosing among alternatives for meeting nondiscrimination and accessibility requirements with respect to new, altered, or existing facilities, or designated or specified transportation services, **GWNWUM** shall give priority to those methods that offer services, programs, and activities to qualified individuals with disabilities in the most integrated setting appropriate to the needs of individuals with disabilities.

Requests for modification of **GWNWUM** policies and practices may be denied only on one or more of the following grounds:

1. Granting the request would fundamentally alter the nature of the agency's services, programs, or activities.
2. Granting the request would create a direct threat to the health or safety of others.
3. Without the requested modification, the individual with a disability is still able to fully use the entity's services, programs, or activities for their intended purpose.

Basic process requirements that must be met are:

1. Information on the reasonable modification process must be readily available to the public and must be readily accessible
2. Advance notice can be required if feasible. Flexibility is also needed to handle requests that are only practicable on the spot.
3. Individuals requesting modifications are not required to use the term "reasonable modification".

What information should my reasonable modification request include?

1. Your full name, address, telephone number, and e-mail address where we can reach you during the day and evening.
2. The name of the party discriminated against, if known.
3. If the request is being made by someone else on behalf of the rider, please provide the advocate's name, relationship to the rider, and telephone number:
4. A description of the rider's disability or disabilities.
5. The service policy or procedure that may need to be modified to allow the rider full access to the transit services provided.
6. How the current service policy or program prevents the rider from using transit service.
7. A description of the specific modification to the current service policy or procedure that you are requesting.
8. Copies (not originals) of any required documentation of disability.

To guide you in providing the requested information, you may use the attached ADA reasonable modification request form. (Attachment C)

How do I request reasonable modification by email?

Include all of the information listed above, either in the body of the email or in an attachment. Attach relevant documents to your email. Send your request to (transit agency email address). You will receive a reply email confirming that your request has been received within 48 business hours. Please keep a copy of your request and the reply email for your records. If you do not receive a reply email, please contact **GWNWUM** at (715) 732-0563 x1011.

You may also submit your request reasonable modification by mail to:

Debra LaMere, VP of Administration, Compliance & Workforce Development
Goodwill Industries of Northern WI and Upper MI
PO Box 660
Marquette, MI 49855.

What happens after my request is received?

After the request is received, **GWNWUM** will provide a written response of approval or denial within seven days of its receipt.

How can I find out the status of my request?

We will review each request carefully. If you have not heard from us within seven days, please contact us at (715) 732-0563 x1011.

Attachment A

Goodwill Industries of Northern Wisconsin and Upper Michigan, Inc.
Procedure to File a Complaint
or Request Reasonable Modification Under the
Americans with Disabilities Act (ADA)

If you believe you or another person has been discriminated against under Title II and III of the American Disability Act of 1990 by Goodwill Industries of Northern Wisconsin and Upper Michigan, Inc. **(GWNWUM**) or one of our employees, you can file a complaint, or alternatively, request reasonable modification by mail, fax, or email at:

Debra LaMere, VP of Administration, Compliance & Workforce Development
Goodwill Industries of Northern WI and Upper MI
PO Box 660
Marquette, MI 49855
Fax: 715-804-5060
dlamere@gwnwup.org

Take the first step: Before filing your complaint or request, contact the **GWNWUM** ADA Coordinator to discuss your concerns. They can look into the issue and try to come up with an acceptable resolution to the situation.

You may file a complaint or request a reasonable modification in writing with (transit agency) using the following procedures:

1. File a written complaint with (transit agency) as soon as possible, but no later than 180 calendar days after the alleged violation. Requests for reasonable modification may be filed at any time.
2. The written complaint or modification request should be submitted by the grievant and/or their designee.
3. Alternative means of filing complaints and requesting modifications, such as a personal interview or a tape recording, will be made available upon request.
4. The written complaint or modification request should contain the information required by the **GWNWUM** public policy that is available upon request. Alternative formats and language translations for this document are available on request
5. Explanation of approval or denial of reasonable modification requests will be made and sent to the requestor within seven calendar days of receipt.
6. Within 15 calendar days of receiving a complaint, **GWNWUM** will meet with the complainant to discuss the complaint and possible resolutions.
7. Within 15 calendar days of the meeting, **GWNWUM** will respond in writing or another accessible format. The response will explain the position of **GWNWUM** and offer options for substantive resolution of the complaint.
8. If the response by the **GWNWUM** does not resolve the issue, the complainant and/or designee may appeal the decision within 15 calendar days to the Federal Transit Administration Office for Civil Rights.
9. All written documents in the process will be retained by **GWNWUM** for at least one year.

Attachment B

Goodwill Industries of Northern Wisconsin and Upper Michigan, Inc.

ADA Discrimination Complaint Form

Instructions: Please fill out this form completely, sign and mail, fax, or email to:

Debra LaMere, VP of Administration, Compliance & Workforce Development
Goodwill Industries of Northern WI and Upper MI
PO Box 660
Marquette, MI 49855
Fax: 715-804-5060
dlamere@gwnwup.org

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Mobile: _____

Person Discriminated Against (if other than the complainant): _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Mobile: _____

Email Address: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination, providing the name(s) where possible of the individuals who discriminated:

_____
_____
_____
_____

Signature: _____

Date: _____

Attachment C

Goodwill Industries of Northern Wisconsin and Upper Michigan, Inc.

ADA Reasonable Modification Request Form

Instructions: Please fill out this form completely, sign and mail, fax, or email to:

Debra LaMere, VP of Administration, Compliance & Workforce Development
Goodwill Industries of Northern WI and Upper MI
PO Box 660
Marquette, MI 49855
Fax: 715-804-5060
dlamere@gwnwup.org

Rider: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Mobile: _____

Email address: _____

Person requesting modification (if other than the rider): _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Mobile: _____

Email Address: _____

Describe the rider's disability or disabilities. _____

_____

Describe the service policy or program that may need to be modified to allow the rider full access to the transit services provided. _____

_____

_____

How does the current service policy or program prevent the rider from using the transit service or program?

_____
_____
_____

Please describe the specific modification to the current policy/procedure that you are requesting. _____
_____

How would you like (transit agency) to respond to your request?

☐ In writing to the address listed above
☐ By email to the address listed above

If future communications regarding this request are needed in an alternate format, please indicate the appropriate format below:

☐ large print (font size needed: _____)
☐ Spanish

This form can be requested in large print by calling (number); TTY (number); or emailing (e-mail address).

Please send the completed form ***and any required documentation of disability*** to:

Debra LaMere, VP of Administration, Compliance & Workforce Development
Goodwill Industries of Northern WI and Upper MI
PO Box 660
Marquette, MI 49855
Fax: 715-804-5060
dlamere@gwnwup.org

Electronic versions of the completed form and scans of required documentation of disability should be sent to (email address).

GWNWUM will provide a written response to your request within seven days of its receipt. To check on the status of the request, call (transit agency) at 906/273-1830 x1011; TTY (number), or email (transit agency email address).

Attachment D

Acknowledgement of Receipt and Review

ADA COMPLAINT AND REASONABLE MODIFICATION POLICY

I hereby acknowledge the receipt of the Goodwill Industries ADA Complaint and Reasonable Modification Policy. I have read the policy and am committed to ensuring that no one with a disability shall be discriminated against in connection with the provision of transportation services. I further acknowledge that Goodwill Industries of Northern Wisconsin and Upper Michigan, Inc. is committed to providing safe and reliable transportation to all people without discrimination based on disabilities and is open to reasonable modifications if needed. I have discussed any questions or concerns that I have regarding the ADA Policy with my manager.

Employee:

_____
Signature

_____
Employee's Printed Name

_____
Date

Manager:

_____
Signature

_____
Employee's Printed Name

_____
Date