



The South Dakota Department of Human Services The Americans with Disabilities Act Grievance Procedure

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 and the ADA Amendments Act of 2008. 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 the South Dakota Department of Human Services. The Department's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, e.g., personal interviews, recording of the complaint, etc. will be made available for persons with disabilities upon request.

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

***Department of Human Services (DHS) ADA Coordinator
Hillsview Plaza, E. Highway 34
C/O 500 East Capitol
Pierre, SD 57501***

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA Coordinator or his/her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, electronically, or audio recording. The response will explain the position of the Department and offer options for substantive resolution of the complaint.

If the response by the ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the Department Secretary or his/her designee.

Within 15 calendar days after receipt of the appeal, the DHS Department Secretary or [his/her] designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Department Secretary or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA Coordinator or his/her designee, appeals to the Department Secretary or his/her designee, and responses from these two offices will be retained by the Department for at least three years.



Request for ADA Grievance Resolution Form South Dakota Department of Human Services

Date: _____

I, _____, am requesting resolution of a complaint filed under the grievance procedures _____, (name of agency) located in _____ (city).

Statement of Grievance

Date of Grievance: _____

Location of Grievance: _____

Names of Involved Parties:

Specific Occurrences in Relation to Grievance (include any documentation that may support your grievance):

Prior Attempts to Resolve (please indicate any previous efforts to resolve your complaint including dates and parties involved):

Resolution Sought (please provide a clear statement that reflects the resolution you believe will satisfy your complaint):

Name of Individual (Grievant):

(Print Name): _____

(Signature): _____

Mail a copy of this form and copies of any supporting documentation to:

Eric Weiss, DHS ADA Coordinator
Hillsview Plaza, E. Highway 34
C/O 500 East Capitol
Pierre, SD 57501-5070