Instructions for filing an ADA Complaint

General Information

The Americans with Disabilities Act (ADA) requires that Arizona State Parks and Trails make it facilities, programs and services accessible to persons with disabilities in accordance with the standards of the ADA. If an individual feels that he or she had been unable to access a state park facility, program, or service because of the lack of accessibility or has been discriminated against because of a disability, the individual should fill out the ADA complaint form.

The ADA complaint form and process are designed to provide the public with the opportunity to effectively resolve any ADA issues that an individual may experience with Arizona State Parks and Trails. Filing an ADA complaint with Arizona State Parks and Trails does not affect and individual’s right to file a complaint with the US Department of Justice. The US Department of Justice can be contacted at 1-800-514-0301 or at their website at www.ada.gov.

Complaint procedures

Step 1: File a complaint form
The complaint form should be filled out as completely as possible. The signed ADA complaint form should be filed with the agency’s ADA coordinator within 60 days of the disability-related discrimination complaint. Upon request, reasonable accommodation will be provided to complete the form, including an alternate format.

Send to:
ADA coordinator
23752 N 23rd Ave #190
Phoenix, AZ  85085
Phone (602) 542-4174
Fax
info@stateparks.gov

Step 2: Investigation
A notice of receipt will be sent to the complainant by e-mail or mail within five days of receipt of the complaint. The ADA coordinator shall begin an investigation into the merits of the complaint within 15 days and schedule a face-to-face meeting with the complainant to review the information and obtain additional information or documentation relevant to the complaint. If the complainant alleges misconduct on the part of the ADA coordinator, the executive director will appoint another staff member to conduct the investigation.

Step 3: Written Decision
The ADA coordinator (or other representative designated by the executive director) shall prepare a written decision and when appropriate, in a format accessible to the complainant, after full consideration of the complaint merits, no later than 45 days following the receipt of the complaint. If desired by the complainant, a face-to-face meeting will be scheduled with the complainant to
present and review the written decision. A copy of the compliant and the written decision and associated documentation will be retained by the ADA coordinator for three years.

**Step 4: Appeal**

If the complainant is dissatisfied with the written decision, the complainant may file a written appeal with the executive director no later than 30 days from the postmark. The appeal must contain a statement of the reasons why the complainant is dissatisfied with the decision and signed by the complainant or someone authorized to sign on the complainant’s behalf. The complainant may request a meeting with the executive director to review details of the appeal and provide additional information. A notice of receipt will be mailed to the complainant within five days of the appeal.

The executive director shall act upon the appeal no later than 60 days after receipt of the appeal. A copy of the executive director’s written decision, in a format accessible to the complainant, will be mailed to the complainant no later than five days after the preparation of the decision. The decision of the executive director shall be final. A copy of the written appeal, the written decision and associated documents will be maintained by the ADA coordinator for three years.

**Confidentiality**

The ADA coordinator shall maintain the confidentiality of all files and records relating to complaints filed, unless disclosure is authorized or required by law or permission is given in writing by the complainant to release the information.

**Harassment**

Any retaliation, coercion, intimidation, threat, interference or harassment for filing a grievance, or used to retrain a complainant from filing, is prohibited and should be reported to the ADA coordinator immediately.
Title II Americans with Disabilities Act (ADA) Complaint Form

Name: ___________________________  Date: ________________________

Address: __________________________________________________________

Telephone: ____________________  E-mail: ____________________________

Please fill out completely, sign, date, and return to:

ADA Coordinator
23751 N. 23rd Ave. #190
Phoenix, AZ  85085
(602) 542-4174
or fax to:
or e-mail : info@azstateparks.gov

If you need assistance completing this form and require a different format or other accommodation, please contact the ADA coordinator at (602) 542-4174 or e-mail info@azstateparks.gov.

My complaint is: (Please be specific and include the date, time, location and names of the people who were present.)
This is what I think should be done:

Your Signature ___________________________ Date ___________________________

Please allow up to 15 days for us to respond to your complaint.