

Disability Inclusion Grievance Form

To file a grievance of an alleged violation of the Americans with Disabilities Act (ADA) – complete and submit this form within 30 calendar days of the incident.

Contact Information

First Name: _____ Last Name: _____
Street Address, City, State, ZIP Code: _____
Email Address: _____
Phone Number: _____ Best time to call: _____
Alternate Phone Number (including area code) (if applicable): _____
Agency Name (If State of Ohio employee): _____

Incident Details

Date incident occurred: _____
Date you received the reasonable accommodation decision (If applicable): _____
Describe the specific issues you believe violate the ADA Act: _____

Provide the specific location(s) where the issue occurred: _____

To Submit the Form

Save this document and email this completed document and any additional information supporting the allegation to the agency ADA Coordinator.

Submit the form to:

Email address: **Andrew.Seifert@mha.ohio.gov**

What You Can Expect

Within 15 business days after receipt of the complaint, the ADA Coordinator or designee will:

- Contact the grievant to discuss the complaint and the possible resolutions.
- Provide a written response within 15 business days of the meeting and, where appropriate, in a format accessible to the grievant, such as large print, Braille, or audio tape. The written response will explain the position of the agency and offer options for substantive resolution of the complaint.
- Provide instructions on how to Appeal this decision if the response does not satisfactorily resolve your grievance