

**Oregon Department of Human Services (DHS)
Office of Vocational Rehabilitation Services (OVRs)**

**SECTION 504 CONSUMER DISCRIMINATION COMPLAINT INFORMATION (3 pages)
&
OVRs SECTION 504 CONSUMER DISCRIMINATION COMPLAINT FORM (2 pages)**

IMPORTANT: Please read the information in this box carefully. Using the proper form will allow us to process your complaint and respond to your concerns more quickly.

Part of the Rehabilitation Act of 1973, Section 504 is a civil rights law that prohibits discrimination against individuals with disabilities. Use the attached complaint form (last page) only if you feel that OVRs has treated you differently due to your disability. Please use DHS Form 0170 if you have a complaint concerning customer service, a privacy violation, or feel that you have been treated differently because of your age, race, color or national origin, gender, religion, or sexual orientation.

Do not use this form if your complaint concerns vocational rehabilitation services: If you disagree with a case action or decision taken in providing vocational rehabilitation services to you, please contact your local OVRs office and ask how to handle your complaint or contact the OVRs Dispute Resolution Coordinator: (503) 945-6253, toll-free (877) 277-0513, TTY: Please use Relay

Alternate formats: Upon request, this document can be furnished in alternate formats for individuals with disabilities by contacting: Office of Document Management (ODM) at (503) 378-3486, for TTY call (503) 378-3523). Available formats are: large print, Braille, audio tape recording, electronic format, oral presentation, and computer disk (in ASCII format).

DHS/OVRs Non-Discrimination Policy Based on Disability

As part of the Department of Human Services (DHS), the Office of Vocational Rehabilitation Services (OVRs) must comply with the following departmental non-discrimination policy: *No qualified individual with a disability shall, on the basis of disability, be discriminated against, be excluded from participation in, or be denied the benefits of the services, programs or activities of the Department. DHS will not, directly or through contractual or other formal or informal arrangements, on the basis of disability, deny a qualified person with a disability the opportunity to participate in a service, program or activity or to receive the benefits or services offered.*

When to file a discrimination complaint: OVRs consumers, including OVRs client applicants, OVRs clients, former OVRs clients, and members of the public who believe that OVRs has treated them differently based on disability may file a complaint. DHS/OVRs staff will assist an individual in completing the complaint form upon request. Assistance in filing a written customer service complaint is also available by contacting the Governor's Advocacy Office toll-free at (800) 442-5238 or TTY (503) 947-5330.

Cost-free legal services: You may request cost-free legal services from the Client Assistance Program (CAP). CAP is not a state agency or part of OVRS. CAP is a program of Disability Rights Oregon, an independent non-profit law office helping people with disabilities. Contact CAP at:

Disability Rights Oregon
Client Assistance Program (CAP)
620 SW Fifth Ave, Suite 500
Portland, OR 97204
Telephone: (503) 243-2081
Toll-Free Telephone: (800) 452-1694
Video Phone (VP): (866) 863-7179
TTY: (503) 323-9161
Toll-Free TTY: (800) 556-5351.
Fax: (800) 513-2321

Filing a discrimination complaint at OVRS: OVRS wants to provide quality services. We hope that our services meet your expectations. If not, we encourage you to speak first to the manager of the office where you feel you were not treated fairly. If your concerns are not resolved or you choose not to use this informal process, you may file a written complaint by completing the attached form (last page) within 60 calendar days after the problem occurred. You may submit the form to any DHS/OVRS office or mail it to:

Department of Human Services
OVRS Administrative Offices
ADA Coordinator
500 Summer Street NE, E-87
Salem, OR 97301

What happens after you file a discrimination complaint?

Contacting you: A manager or other person who was not involved in the incident(s) at issue, has not provided services to you, has no interest in the outcome of the investigation, and has not reviewed any prior complaint(s) from you will contact you within (7) working days after receiving your complaint. This may take longer if you do not have a telephone or are not otherwise available. If unable to contact you by telephone, the person conducting the review shall try to contact you by mail to schedule a meeting as soon as possible.

Meeting: You will have an opportunity for a meeting in-person or by telephone. You do not have to agree to a meeting. You can have someone with you at the meeting to help you. You will have a chance to present your version of what happened and to submit any evidence, including paperwork, which supports your complaint. You will be able to name other people who saw or heard what happened. Ask the person doing the review to explain anything that you do not understand.

If your complaint is about an employee: If your complaint is about an employee, the employee will be informed. The employee will have the right to submit a response to your complaint and may or may not attend the meeting. Any personnel action that results from a complaint against an employee will remain confidential.

OVRs response to your complaint: Within (20) working days of your interview, the person doing the review will mail you a written response to your complaint. If you are not satisfied with the response, you may request a second review by contacting the Governor's Advocacy Office in Salem within (20) calendar days of receiving the response: toll-free at (800) 442-5238 or TTY (503) 947-5330.

If you have questions: If you have any questions about the OVRs discrimination complaint process, you may contact the OVRs ADA Coordinator at (503) 945-6253, toll-free (877) 277-0513, or TTY: Please use Relay.

Filing a federal discrimination complaint: If you believe that OVRs discriminated against you, you have the right to file a complaint with the Office for Civil Rights. Complaints to federal offices should be submitted within 180 calendar days of the date the problem occurred. This timeframe applies even if you filed first with OVRs. Contact information:

U.S. Department of Education
Office for Civil Rights
915 2nd Avenue, Room 3310
Seattle, WA 98174-1099
Toll-free: (800) 421-3481
Tel: (206) 220-7900
Fax: (206) 220-7887
TTY: (206) 220-7907

U.S. Department of Health and Human Services
Office for Civil Rights
2201 Sixth Avenue - M/S: RX-11
Seattle, WA 98121-1831
Toll-free: (800) 368-1019
Tel: (206) 615-2290
Fax: (206) 615-2297
TTY (206) 615-2296

**Oregon Department of Human Services (DHS)
Office of Vocational Rehabilitation Services (OVRs)**

OVRs Section 504 Consumer Discrimination Complaint Form

Use this form only if you feel you have been treated differently because of your disability

Non-Discrimination Policy: As part of the Department of Human Services (DHS), the Office of Vocational Rehabilitation Services (OVRs) must comply with the following departmental non-discrimination policy: *No qualified individual with a disability shall, on the basis of disability, be discriminated against, be excluded from participation in, or be denied the benefits of the services, programs or activities of the Department. DHS will not, directly or through contractual or other formal or informal arrangements, on the basis of disability, deny a qualified person with a disability the opportunity to participate in a service, program or activity or to receive the benefits or services offered.*

If you think that you have been treated differently due to your disability, please complete this form and send it to: OVRs ADA Coordinator, Office of Vocational Rehabilitation Services, 500 Summer Street, E-87, Salem, OR 97301. Fax: 503-947-5010, Tel: 503-945-6253. TTY: Please use Relay. You may also turn in the completed form at any OVRs or DHS office.

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| 1. | Name of person with discrimination complaint: _____ |
| | Mailing address: _____ |
| | City: _____ State: _____ Zip: _____ |
| | Phone/TTY Number: (____) _____ Alternate Phone: (____) _____ |
| | Date of Birth _____ Email address: _____ |

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| 2. | Fill out this section if you are completing this form for someone else with a discrimination complaint: |
| | Your name: _____ |
| | Phone Number: (____) _____ E-mail address: _____ |

