Region 1 Planning Council

Grievance Procedure under the Americans with Disabilities Act

Region 1 Planning Council (R1) is committed to upholding the Americans with Disabilities Act of 1990 (ADA) and Title II regulations that prohibit discrimination against individuals with disabilities in accessing public services, programs, and activities. Recognizing the importance of ensuring equal access for all, this grievance procedure is established to address complaints related to accessibility and public facilities, services, programs, and activities.

A grievance may be filed by any person who believes that they have been excluded participation in, denied the benefits of, or otherwise subjected to discrimination because of a disability under any R1, service, program, or activity, may file a grievance. A grievance may also be filed on behalf of another person.

The complaint should be submitted by the grievant and/or their designee as soon as possible, but no later than sixty (60) calendar days after the alleged violation. Complaints can be submitted via the following options:

- **In-person** at 127 N. Wyman Street, Ste. 100, Rockford, IL 61101 during normal business hours
- **Email**: filling out the ADA Accessibility Complaint Form and emailing it to PWitherow@R1planning.org
- **Phone**: 815-319-4190
- **Mail**: by filling out the ADA Accessibility Complaint Form and mailing it to: 127 N. Wyman Street, Ste. 100, Rockford, IL 61101
- Alternative methods for filing a complaint, such as a submission by a representative, a personal interview, or an audio recording, will be made available upon request.

ADA Grievance Processing

Within fifteen (15) calendar days after receiving the complaint, R1's ADA Coordinator, or their designee, will meet with the complainant to discuss the grievance and explore possible resolution. Within fifteen (15) calendar days after this meeting, R1's ADA Coordinator, or their designee, will provide a written response. When appropriate, the response will be made available in an accessible format, such as large print or audio recording. The response will outline R1's position and present options for substantive resolution of the complaint.

Paige Witherow
ADA Coordinator
PWitherow@R1planning.org
815-319-4190
127 N. Wyman Street, Ste. 100, Rockford, IL 61101

ADA Grievance Appeals

If the response by R1 does not satisfactorily resolve the issue, the complainant or their designee may appeal the decision within 15 calendar days after receipt of the response to R1's In-Office Navigator or their designee.

Within fifteen (15) calendar days after receipt of the appeal, R1's In-Office Navigator or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after the meeting, R1's In-Office Navigator will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

Angela Pagelow
In-Office Navigator
APagelow@R1planning.org
815-319-4458
127 N Wyman. St. Ste 100, Rockford, IL 61101

ADA Complaint Record Retention

The ADA coordinator will keep a record of all complaints filed for non-compliance with the ADA and Section 504 of the Rehabilitation Act of 1973 for a minimum of three years following the date of case closure, provided all audits have been completed and no litigation is pending or anticipated.

To submit an accessibility concern or complaint to Region 1 Planning Council, please print and complete this form, sign and mail to:

Region 1 Planning Council
Attn: ADA Coordinator
127 N. Wyman St.
Rockford, IL 61101

Or e-mail form as an attachment to PWitherow@R1planning.org

SECTION I

Complainant Name (or Third Party):		
Address:		
City:	State:	Zip:
Phone #:	E-Mail Address:	

SECTION I

When did the discrimination incident occur? Date(s):

Place where the discrimination occurred (Please include city, roadway name, intersection (if applicable), facility name and/or location if other than a roadway, i.e. rest area, pedestrian bridge, etc):

Please describe in detail the nature of the complaint (include all parties that were involved): **Use additional page(s) if required and attach any documents you believe support your complaint.**

Has this complaint been filed with another private, federal, state, local agency, or legal entity?
☐Yes
☐No
If yes, please provide details below:

Complainant's Signature:_____ Date:_____