

Native American Connections ADA-Related Service Complaint Process

Native American Connections welcomes comments, complements, and complaints from clients and residents on their experiences using Native American Connections' services.

All client and resident complaints are carefully reviewed including those submitted by clients and residents who experience accessibility or ADA-related problems.

To file an ADA-related service complaint, individuals may download the complaint form at www.nativeamericanconnections.org or request the form by contacting Native American Connections using one of the following methods:

- **Via Mail to:**
Native American Connections
4520 North Central
Avenue, Ste. 600
Phoenix AZ 85012
- **Via Phone**
602-254-3247
602-648-9773

Native American Connections will acknowledge receipt of the complaint within ten business days of receipt.

Responsible Native American Connections operating divisions or administrative departments investigate all complaints and implement any corrective actions to be taken. Complaints involving ADA or accessibility elements are reviewed by the Director of the area named within the complaint (Integrated Health or Housing) who will contact the complainant after the investigation has been completed. After the ADA Compliance review has been completed, a written reply will be provided to the contact named in the complaint form and the address provided within ninety (90) days of receiving the complaint. All complaints are investigated within a few weeks, but some may require more extensive investigation, or require more time to identify corrective measures. In any case, a written reply will be provided within ninety (90) days.

Native American Connections
Americans with Disabilities Act
and Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form

Instructions: If you believe Native American Connections has engaged in discrimination against one or more persons based on medical condition or disability, please fill out this form completely, sign, and return to the address on the next page.

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request. Call (602-254-3247) for assistance or TTY at 602-648-9773.

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Person Discriminated Against:
(if other than the complainant) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

What date did the discrimination occur? _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use additional space on the next page if necessary):

Has a complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court? Yes No

If yes, Agency or Court: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date Filed: _____

Additional space for answers:

Signature: _____ Date: _____

Please Return Form to:
Native American Connections
4520 North Central, Phx AZ 85012
Director of Housing (housing@nativeconnections.org) OR
Director of Integrated Health Quality and Compliance
(assessment@nativeconnections.org)

Phone: (602)254-3247
Fax: (602)256-7356
TTY: (602)648-9773