

## **Century Community and Technical College**

### **1B.4.0.1.1 Student ADA Access Complaint Procedure**

#### **Informal Stage**

Students must have a documented disability and have notified the Access Center of the need for accommodations prior to filing a complaint.

1. The student will contact the Access Center Director or designee to discuss the complaint. Appointment/discussion must occur within 3 working days of student's initial contact with director.
2. The Access Center Director will meet with the student and complete an informal complaint form. The director will investigate the complaint and obtain additional information if necessary. All parties involved will be contacted and Access Center services and program procedures will be explained in an attempt to resolve the complaint.
3. If the complaint is resolved, all parties will be notified in writing of the resolution.

#### **Formal Stage:**

1. If complaint is not resolved, the student will complete a formal complaint form containing name and address of the complainant, a brief description of the violation and the accommodation sought. The Access Center Director will take the complaint to the Dean in charge of the area. The director will also inform the Dean or supervisor of the area of the actions taken up to this time.
2. The Dean will contact the party named in the complaint to obtain information and attempt to resolve the complaint. The student will be informed by the Access Center Director of the steps being taken to resolve the complaint within 3 working days.
3. If the complaint is not resolved or the student is not satisfied with the resolution of the complaint, the Access Center Director will explain the student's options--to refer the complaint to the ADA Coordinator (Vice President of Student Services).

#### **Grievance Stage:**

1. If the complaint is not resolved at the formal stage, the student and/or Access Center Director will forward it to the ADA Coordinator. The ADA Coordinator will review the complaint for completeness and validity, review any documentation related to the complaint (including the Dean's or supervisor's and Access Center Director's records of action and recommendations), obtain additional information related to the complaint if necessary, and shall attempt to resolve the complaint with 5 working days.

2. If the ADA Coordinator is unable to resolve the complaint, the coordinator will take the complaint to the ADA Committee to review; committee will respond to complainant in writing within a minimum of 5 working days of their recommendation for action.

NOTE: At any time in this process or if the student is not satisfied with the ADA Committee's resolution, he/she can file a grievance under Title II of the American's With Disabilities Act (ADA) by contacting the Minnesota Department of Human Rights, the Equal Employment Opportunity Commission, or the U.S. Department of Justice.

Any time lines established in these procedures may be waived by written mutual consent.

**References:**

Minnesota State Colleges and Universities Board Policy 1B.4 Access for Individuals with Disabilities

**Date Proposed:**

**Date Approved:** 6/3/97

**Date Implemented:** 6/3/97

**Date Revised:** 7/1/98

This material is available in alternate format, such as large print, by contacting the Access Center at 779-3354, room W2440

**Informal Complaint Form**  
(completed by Access Center Director)

Student's Name: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone  
Number \_\_\_\_\_

**Type of Access Problem:** \_\_\_Physical; \_\_\_Programmatic (includes classroom  
accommodations)

**Description of Violation:**

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**Resolution Sought:** \_\_\_\_\_

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**Action taken/Resolution:**

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Signature of Access Center Director: \_\_\_\_\_

Date Action Taken: \_\_\_\_\_

**Century College**  
**ADA Access**  
**Formal Complaint**  
(Completed by student)

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone  
Number \_\_\_\_\_

**Description of Complaint:**

**Action Requested:**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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(To be completed by Access Center Director)

**Resolution:**

Signature \_\_\_\_\_ Date \_\_\_\_\_