

Evergreen Life Services
Americans with Disabilities Act (ADA)
Complaint Policy and Procedures

Notice Under the Americans with Disabilities Act (ADA)

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), Evergreen Life Services will not discriminate against qualified individuals with disabilities based on disability in its services, programs, or activities.

Employment: Evergreen Life Services does not discriminate based on disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication: Evergreen Life Services will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in the Evergreen Life Services programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: Evergreen Life Services will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in our offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of Evergreen Life Services, should contact:

Compliance Officer
2101 Highway 80
Haughton, LA
71037
(318) 949-5500
integrity@evergreenls.org

The ADA does not require Evergreen Life Services to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of Evergreen Life Services is not accessible to persons with disabilities should be directed to the Compliance Officer listed above.

Evergreen Life Services will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

Complaint Procedures

Anyone who feels they have been discriminated against based on disability by Evergreen Life Services in the provision of an Evergreen Life Services program, service, or activity has the right to file a complaint. Contact the Compliance Officer for the department providing the program, service, or activity. Evergreen Life Services will work with the individual to resolve the complaint on an informal level. If that is not possible, the individual may file a formal ADA grievance as per Evergreen Life Services' ADA Complaint Procedure.

Evergreen Life Services' ADA Complaint Procedure is the mechanism by which individuals may file complaints of disability discrimination under the Americans with Disabilities Act of 1990. Formal ADA complaints can be submitted via telephone 318-949-5500, email integrity@evergreenls.org, by mail to or in person at 2101 Highway 80 Haughton, LA 71037.

The complaint should be submitted by the grievant and/or their designee as soon as possible, but no later than 60 calendar days after the alleged violation

Within 3 business days after receipt of the complaint, Evergreen Life Services will acknowledge receipt of the complaint via email and initiate an investigation of the complaint.

The complainant may request a meeting by phone or online. The Compliance Officer or its designee may request additional information from the complainant, and if requested, will meet with the complainant by phone or online to discuss the complaint and the possible resolutions.

Within 15 business days after receipt of the complaint, the Compliance Officer or its designee will respond in writing and in a format accessible to the complainant. The response will explain the position of Evergreen Life Services and offer options for substantive resolution of the complaint.

If the response by the Compliance Officer or their designee does not satisfactorily resolve the issue, the complainant may appeal the decision within 15 calendar days after receipt of the response to the Board of Directors or their designee. Within 15 calendar days after receipt of the appeal, the Board of Directors or its designee will meet with the complainant by phone or online to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the Board of Directors or their designee will respond in writing, and in a format accessible to the complainant, with a final resolution of the complaint.

Complaint Tracking and Record Retention

The Compliance Officer will be responsible for tracking all ADA complaints for the purpose of establishing trends in allegations of discrimination.

The Compliance Officer will maintain a summary log of all ADA complaints. In addition, all written complaint documents and materials gathered during the investigation, appeals, and responses are maintained for at least five years.

Evergreen Life Services List of ADA Investigations, Lawsuits and Complaints

	Date Submitted/Filed (Month, Day Year)	Summary of allegation (include basis of complaint: race, color or national origin)	Status	Resolution/Action Taken
Investigations				
1				
2				
Lawsuits				
1				
2				
Complaints				
1				
2				

Complaint Form

Evergreen Life Services ADA Complementary Paratransit Complaint Form

The purpose of this form is to assist you in filing a complaint with Evergreen Life Services. You are not required to use this form; a letter containing the same information will be sufficient.

For questions about Evergreen Life Services Americans with Disabilities Act (ADA) complaint procedures or complaint form contact Evergreen Compliance at integrity@evergreenls.org

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
Section II:			
Are you filing this complaint on your own behalf?		Yes*	No
*If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No
Section III:			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
<input type="checkbox"/> Disability	<input type="checkbox"/> Accessibility Issue	<input type="checkbox"/> Other (specify) _____	
Date of Alleged Discrimination (Month, Day, Year): _____			

Time of Day: _____

Location: _____

(Continued on next page)

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.

Witness(es): YES NO

List Witness(es): *(Attach a separate sheet, if necessary)*

(1) Name:

Phone Number: ()

(2) Name:

Phone Number: ()

(3) Name:

Phone Number: ()

(4) Name:

Phone Number: ()

Section IV

Have you previously filed a Title VI complaint with this agency?	Yes	No
--	-----	----

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
 Yes No

If yes, check all that apply:

Federal Agency: _____
 Federal Court _____ State Agency _____
 State Court _____ Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____
Title: _____
Agency: _____
Address: _____
Telephone: _____

Section VI

Name of agency complaint is against: _____
Contact person: _____
Title: _____
Telephone number: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:
Signature _____ Date _____

Please submit this form in person at the address below, or mail this form to:

Evergreen Compliance Officer
2101 Highway 80
Haughton, LA 71037

INTERNAL USE ONLY

To be completed by ADA Compliance Officer

Accepted for formal Investigation ____/____/____

Referred to another department on ____/____/____

Rejected ____/____/____

Reason for Rejection:

Evergreen Life Services Compliance Officer

Date