

Saint Katharine Drexel Retirement Center 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 on the basis of disability by Saint Katharine Drexel Retirement Center in the provision of a Saint Katharine Drexel Retirement Center program, service or activity has the right to file a complaint. Contact the Coordinator for the department providing the program, service or activity. Saint Katharine Drexel Retirement Center 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 Saint Katharine Drexel Retirement Center's ADA Complaint Procedure.

Saint Katharine Drexel Retirement Center 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 (405-262-2920), email (director@skdelreno.org), by mail to or in person at (301 W Wade Street El Reno, OK).

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, Saint Katharine Drexel Retirement Center 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. LaTrona Fulbright or their 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 LaTrona Fulbright or their designee will respond in writing, and in a format accessible to the complainant. The response will explain the position of the Saint Katharine Drexel Retirement Center and offer options for substantive resolution of the complaint.

If the response by LaTrona Fulbright 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 JP Fitzgerald or their designee. Within 15 calendar days after receipt of the appeal, JP Fitzgerald or their designee will meet with the complainant by phone or online to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, JP Fitzgerald 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

LaTrona Fulbright will be responsible for tracking all ADA complaints for the purpose of establishing trends in allegations of discrimination.

LaTrona Fulbright 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.

Saint Katharine Drexel Retirement Center 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

Saint Katharine Drexel Retirement Center ADA Complementary Paratransit Complaint Form

The purpose of this form is to assist you in filing a complaint with Saint Katharine Drexel Retirement Center. You are not required to use this form; a letter containing the same information will be sufficient.

For questions about Saint Katharine Drexel Retirement Center Americans with Disabilities Act (ADA) complaint procedures or complaint form contact (LaTrona Fulbright), (405) 262-2920 or director@skdelreno.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):

Race Color National Origin Age

Disability Accessibility Issue 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: ()

(Continued on next page)

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?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____		
<input type="checkbox"/> State Court _____ <input type="checkbox"/> 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:

LaTrona Fulbright

301 W Wade Street

El Reno, OK 73036

INTERNAL USE ONLY

To be completed by ADA Compliance Officer

Accepted for formal Investigation ____/____/____

Referred to another department on ____/____/____

Rejected ____/____/____

Reason for Rejection:

(Saint Katherine Drexel Retirement Center), ADA Compliance Officer

Date