



## The Farmer's House The Americans with Disabilities Act (ADA) Complaint Policy & Resolution Procedure

This Complaint Policy & Resolution Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA") and the Rehabilitation Act of 1973 ("Rehabilitation Act"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities and programs by The Farmer's House.

The complaint should be in writing on the complaint form provided and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available as a reasonable modification for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

The Farmer's House Program Manager at (816) 797-3491 or [programs@thefarmershouse.org](mailto:programs@thefarmershouse.org)  
The Farmer's House: P.O. Box 1607 Platte City, MO 64079

The Program Manager or their designee will promptly confirm receipt of the complaint and provide suggested times to discuss the complaint and possible resolutions with the complainant. The suggested times provided by the Program Manager or their designee will fall within 15 calendar days of receipt of the complaint. Within 15 calendar days of discussing the complaint and possible resolutions with the complainant, the Program Manager or their designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. This written response will take one of two forms:

- **Substantive Written Response:** If TFH has been able to gather sufficient information, the written response will explain the position of TFH and offer options for substantive resolution of the complaint.
- **Interim Written Response:** TFH will provide for prompt and equitable resolution of complaints alleging violations of the ADA and/or Rehabilitation Act. Sometimes, equitable resolution of a complaint will require investigation that takes more time. If TFH has not been able to gather sufficient information within 15 calendar days of contacting the complainant, the written response will explain what additional information TFH is still attempting to gather and will provide an estimate of the time it will take for the TFH to provide a substantive written response explaining its position. When an interim written response is provided, TFH will promptly follow up at a later date with a substantive written response explaining the position of TFH and offering options for substantive resolution of the complaint.

**Appeal of substantive written response:** If the substantive written response by the Program Manager or their designee explaining the position of TFH and offering options for substantive resolution of the complaint does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision. Appeals must be received by TFH no later than 18 calendar days of the date the substantive written response was mailed, e-mailed, or faxed. Appeals will be heard by the TFH Program Director or their designee. Appeal requests must be mailed to:

The Farmer's House Executive Director  
(816) 431-6429 [info@thefarmershouse.org](mailto:info@thefarmershouse.org)  
The Farmer's House: P.O. Box 1607 Platte City, MO 64079

Alternative means of making an appeal request, such as a phone call, personal interview, or a tape recording, will be made available as a reasonable modification upon request.

Within 15 calendar days after receipt of the appeal, TFH Program Director or their designee will contact the complainant to discuss the appeal request and possible resolutions. Within 15 calendar days after TFH Program Director or their designee contacts the complainant, they will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint. In the event that TFH Program Director or their designee becomes involved in TFH decision-making process prior to the appeal, the appeal will be heard by TFH Board of Director Liaison or the Board of Director President.

The Farmer's House Executive Director  
(816) 431-6429 or [info@thefarmershouse.org](mailto:info@thefarmershouse.org)  
The Farmer's House: P.O. Box 1607 Platte City, MO 64079

**Retention of Records:** All written complaints, appeals, and responses will be retained by TFH for at least seven years after the date of the last correspondence in the file.

## The Farmer's House (TFH) The Americans with Disabilities Act (ADA) Complaint Policy & Resolution Procedure Form

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please contact The Farmer's House Program Manager at (816) 797-3491.

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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
<b>Section III:</b>				
<p>[ ] I believe the discrimination I experienced was based on my disability in the provision of services, activities or programs by The Farmer's House</p> <p>Date of Alleged Discrimination (Month, Day, Year): _____</p> <p>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 use the back of this form.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				

<b>Section IV</b>		
Have you previously filed an ADA complaint with this agency?	Yes	No
<b>Section V</b>		
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: _____		
<b>Section VI</b>		
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:

**The Farmer's House  
P.O. Box 1607  
Platte City, MO 64079**

**For The Farmer's House Use Only**

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_