

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
GRIEVANCE PROCEDURES  
Title II Americans with Disabilities Act (ADA)  
Section 504 Rehabilitation Act (RA)  
*Updated: June 1, 2019*

The Department of Health and Human Services (“DHHS” or “the Department”) has adopted the following internal grievance procedures to provide for the prompt and equitable resolution of complaints against a division within DHHS alleging an action prohibited by Title II of the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act of 1973 (RA). Implementing regulations for the ADA can be found at 28 CFR 35 and implementing regulations for the RA can be found at 45 CFR 84.

The Department’s administrative rules relating to ADA Grievance Procedures and RA Grievance Procedures are codified at 10A NCAC 01E .0101 *et seq.*

This document sets out the procedures for filing and processing complaints.

**I. How to File a Complaint with the Department of Health and Human Services:**

You must file your complaint in writing within sixty (60) days of the date you become aware of the alleged violation. The complaint must contain the name and address of the person filing it, the name of the DHHS Division involved, the date(s) of the alleged violation, and a brief description of the alleged violation. If, due to a disability, you require assistance to prepare a complaint, the Department or Division ADA/RA coordinator shall provide such assistance upon request. The Department’s Compliance Attorney is Joel Johnson, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, (919)855-4800.

The form for filing a complaint is attached to the end of this document. Additionally, the form can be requested from the Department’s Compliance Attorney and is available online at: <https://files.nc.gov/ncdhhs/NC%20DHHS%20ADA%20Grievance%20Procedure.pdf>.

To file a complaint, completed forms must be mailed to:

DHHS ADA/RA Complaints  
Office of Legal Affairs  
2001 Mail Service Center  
Raleigh, NC 27699-2001

The following is a list of ADA/RA coordinators for each Division and Office of DHHS, with contact information:

<b>DHHS Division or Office</b>	<b>Division/Office ADA/RA Coordinator</b>
Division of Mental Health, Developmental Disabilities and Substance Abuse (DMH/DD/SA)	Glenda Stokes 919-715-3197 glenda.stokes@dhhs.nc.gov
Division of Health Benefits (DHB)	Lavette Young 919-855-4055 lavette.young@dhhs.nc.gov
Division of Vocational Rehabilitation Services (DVR)	Phil Protz 919-855-3567 phil.protz@dhhs.nc.gov
Division of State Operated Healthcare Facilities (DSOHF)	Virginia Maisch 919-855-4714 virginia.maisch@dhhs.nc.gov
Division of Public Health (DPH)	Virginia Niehaus 919-707-5006 virginia.niehaus@dhhs.nc.gov
Division of Services for the Blind (DSB)	Stephanie Johnson 919-527-6719 stephanie.johnson@dhhs.nc.gov
Disability Determination Services (DDS)	Clothilda Brown 919-814-3065 Clothilda.brown@ssa.gov
Division of Child Care Development and Early Education (DCDEE)	Anna Carter 919-527-6530 anna.carter@dhhs.nc.gov
Division of Services for the Deaf and Hard of Hearing (DSDHH)	Jeff Mobley 919-874-2212 jeff.mobley@dhhs.nc.gov
Division of Aging and Adult Services (DAAS)	John Bowers 919-855-3436 john.bowers@dhhs.nc.gov
Division of Social Services (DSS)	Carlotta Dixon 919-527-6421 carlotta.dixon@dhhs.nc.gov
Division of Health Service Regulation (DHSR)	Amy Sawyer 919-855-3750 amy.sawyer@dhhs.nc.gov
Office of Rural Health	Corey Alford 919-527-6487 corey.alford@dhhs.nc.gov
Office of the Secretary	Joel Johnson 919-855-4800 joel.johnson@dhhs.nc.gov

For any Division or Office which does not list an ADA/RA Coordinator, contact the Department's Compliance Attorney, Joel Johnson, 919-855-4800.

Please note that the Department will only process complaints involving a Division or Office of DHHS. If you have a complaint against a different state agency, please contact that agency directly.

## **II. Complaint Resolution by the Department**

### **A. Complaint, Investigation and Determination**

Within thirty (30) days of receipt of a complaint, the Division ADA/RA Coordinator shall send written notification to the complainant of the Department's determination as to the validity of the complaint and a description of the resolution, if any.

To the extent practicable, the Department's internal procedure shall consist of the following:

1. Upon receipt, a complaint will be logged into the Department's database.
2. Within two (2) business days of receipt, the complaint will be assigned to the appropriate Division ADA/RA coordinator. The Division ADA/RA coordinator will send a letter to the complainant acknowledging receipt of the complaint. The Division ADA/RA coordinator also will send a copy of the acknowledgement to the person(s) or division at issue in the complaint. A template acknowledgement letter is appended to the end of this procedure.
3. As soon as practicable, the Division ADA/RA coordinator shall meet with the relevant Section Chief or designee to discuss the nature of the complaint. The Section Chief or designee shall investigate the complaint. The investigation shall afford all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
4. As deemed appropriate in each case and at any point during the investigation, the Section Chief or designee may consult with the Division ADA/RA coordinator, the Office of Legal Affairs, the North Carolina Department of Justice and/or other knowledgeable individuals within the Department.
5. Within twenty (20) days of initial receipt of the complaint, the Section Chief or designee will send proposed findings and recommendations in writing to the Division ADA/RA Coordinator and the Office of Legal Affairs. The Section Chief shall not send the proposed findings and recommendations to the Division Director as the Division Director may become involved if reconsideration is requested.
6. As deemed appropriate in each case, the Division ADA/RA Coordinator and the Office of Legal Affairs may review and/or revise the Section Chief's proposed findings and recommendations.

7. Within thirty (30) days of the Department's initial receipt of a complaint, and following the steps specified above, the Division ADA/RA Coordinator shall send a determination letter to the complainant. The letter shall state the Department's determination as to the validity of the complaint and a description of the resolution, if any. The determination letter shall be sent by trackable mail. The determination letter shall notify the complainant of the following:

- a. If the complainant has a disability that renders a different form of communication necessary (*i.e.*, non-written communication), then upon request the Division ADA/RA coordinator shall make reasonable efforts to effectively communicate the determination to the complainant.
- b. If the complainant is dissatisfied with the Department's determination, he/she may request reconsideration of the determination by the Division Director. A request for reconsideration shall be filed within thirty (30) days after the complainant receives the Department's determination. The determination letter shall identify the name and contact information for the appropriate Division Director.
- c. A Reconsideration Request form shall be attached to or enclosed with the Department's determination letter.

8. The Division ADA/RA Coordinator shall send a copy of the Department's determination letter to the person or division that was the subject of the ADA/RA complaint. The notification shall be sent by trackable mail.

9. If warranted by extenuating circumstances or good cause, the Division or Office ADA/RA Coordinator may extend the thirty (30) day time period to send notice of the Department's determination of the validity of the complaint and a description of the resolution, if any, provided that the Department shall send the required notice within a reasonable time as provided by federal law.

Templates for a determination letter, and a reconsideration request, are appended to the end of this procedure.

## **B. Reconsideration of Department's Determination**

If a complainant is dissatisfied with the Department's determination, he/she may request a reconsideration by the Division Director. A request for reconsideration must be received by the Division Director within thirty (30) days after the complainant receives the Department's written determination, or within thirty (30) days after he/she receives the determination if it was communicated by other means.

A request for reconsideration shall be submitted to the appropriate Division Director using the Reconsideration Request form that will be enclosed with the written determination. A form for submitting a reconsideration request is attached to the end of this Grievance Procedure. Additionally, the form is available on the DHHS website and from the Division ADA coordinators.

Completed requests for reconsideration should be mailed to the appropriate Division Director, as identified on the reconsideration request form. Contact information for each Division Director also can be found on the DHHS website, [www.dhhs.nc.gov](http://www.dhhs.nc.gov).

The Division Director, or a designee, shall issue a written determination to a request for reconsideration within thirty (30) days after the Department receives a timely request for reconsideration. The Division Director also shall send the determination to the person or division that was the subject of the complaint. The determination will be sent by trackable mail. The Division Director shall also forward a copy of the determination to the Division ADA Coordinator and the Office of Legal Affairs.

Should the complainant have a known disability that renders a different form of communication necessary, the Division Director coordinator shall make reasonable efforts to effectively communicate the determination.

### **C. Records**

The Department will maintain records of the complaints, investigations and resolutions as required by its approved record retention schedule.

### **D. Revision**

This ADA/RA Grievance Procedure was last revised on May 31, 2018.

### **E. Forms and Templates**

An ADA/RA complaint form and letter templates are appended below and can be found at: <https://files.nc.gov/ncdhhs/NC%20DHHS%20ADA%20Grievance%20Procedure.pdf>.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
COMPLAINT FORM  
Title II Americans with Disabilities Act (ADA)  
Section 504 Rehabilitation Act (RA)

INSTRUCTIONS: Please fill out (PRINT) this form completely and mail to the address listed on page 2.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

If someone is filling out this form on your behalf, please indicate that person's name, address and telephone number below:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DHHS DIVISION INVOLVED: \_\_\_\_\_

DATE(s) the alleged violation(s) occurred: \_\_\_\_\_

DESCRIPTION OF ACTIONS YOU BELIEVE ARE PROHIBITED BY SECTION 504 of the REHABILITATION ACT OR OF TITLE II OF THE AMERICAN WITH DISABILITIES ACT. (Please list names and addresses of persons who were involved and who can be contacted to provide information relevant to this complaint. You may attach additional sheets as necessary. Please attach copies of any documents or evidence you would like DHHS to consider when investigating your request.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have efforts been made to resolve this complaint through other informal means?

yes  no.

If so, please specify those means, and provide the status. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you filed a complaint on this alleged violation with any federal office of civil rights, other agency, or in a court?  yes  no.

If so, please specify, and provide the status. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you previously filed a complaint on this alleged violation with any state agency?

yes  no.

If so, please specify, and provide the status. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Mail this form and any supporting information to:

DHHS ADA/RA Complaints  
Office of Legal Affairs  
2001 Mail Service Center  
Raleigh, NC 27699-2001

If you have a disability that renders a non-written form of communication necessary, the Department upon request shall make reasonable efforts to effectively communicate with you. For more information, please contact the Department's Compliance Attorney, Joel Johnson, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.

DATE

Complainant's name  
Complainant's address

Re: Acknowledgement of your complaint alleging violation(s)  
of Title II of the Americans with Disabilities Act (ADA) and/or  
Section 504 of the Rehabilitation Act (RA)

Dear [Complainant],

This letter acknowledges that the North Carolina Department of Health and Human Services (DHHS) has received the complaint you have filed. The complaint will be assigned to a Section Chief for investigation. The name and address of that Section Chief is listed below. If you have not already submitted any relevant documents or information that you would like DHHS to consider, please send it to the Section Chief right away and **no later than three (3) calendar days from the date of this letter.**

Within thirty (30) days of DHHS's initial receipt of a complaint, the Division ADA/RA Coordinator shall send written notification to the complainant of the Department's determination as to the validity of the complaint and a description of the resolution, if any.

If you have a disability that renders a non-written form of communication necessary, the Department upon request shall make reasonable efforts to effectively communicate with you. For more information, please contact the Department's Compliance Attorney, Joel Johnson, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.

Sincerely,

[Division ADA/RA coordinator]

cc: [ Section Chief assigned to this investigation]  
[ Section Chief's contact info]



DATE

Via Trackable Mail

Subject's name

Subject's address

Re: Complaint alleging violation(s) of Title II of the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act (RA)

Dear [Subject's name],

The North Carolina Department of Health and Human Services (DHHS) has received a Complaint alleging violation(s) of Title II of the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act (RA). You are referenced in the complaint. A copy of the complaint is attached to this letter.

The complaint will be assigned to a Section Chief for investigation. The name and address of that Section Chief is listed below. Within thirty (30) days of DHHS's initial receipt of a complaint, the Division ADA/RA Coordinator shall send written notification to the complainant of the Department's determination as to the validity of the complaint and a description of the resolution, if any.

**Please contact me at your earliest convenience.** If you intend to submit a written response to the complaint, or if you have documents or information you would like DHHS to consider as part of its investigation, please send that information to me **as soon as possible and no later than five (5) calendar days** from the date of this letter.

Sincerely,

[Division ADA/RA coordinator]

cc: [ Section Chief assigned to this investigation]

[ Section Chief's contact info]

Attachment: copy of complaint

DATE

Via Trackable Mail

Complainant's name

Complainant's address

Re: Determination of Your Complaint

Dear [Complainant],

The North Carolina Department of Health and Human Services (DHHS) has made a determination as to the validity of your ADA/RA complaint.

DHHS received your complaint on \_\_\_\_\_ [date].

**[ Explain and detail the investigation, facts, findings and resolution, if any ]**

Reconsideration: If you are dissatisfied with the Department's determination, you may request a reconsideration by the Division Director. For the issues raised in your complaint, the Division Director is \_\_\_\_\_ [name], Division of \_\_\_\_\_, [address] [phone number]. Contact information for each Division Director also can be found on the DHHS website, [www.ncdhhs.gov](http://www.ncdhhs.gov).

Your request for reconsideration must be filed within thirty (30) days after you receive the Department's written determination, or within thirty (30) days after you receive the determination if it was communicated by other means. You must use the the Reconsideration Request form that is attached to this letter. The form can also be found on the Department's website at: <https://files.nc.gov/ncdhhs/NC%20DHHS%20ADA%20Grievance%20Procedure.pdf>.

The Division Director, or a designee, shall issue a written determination to a request for reconsideration within thirty (30) days after the Department receives a timely request for reconsideration.

If you have a disability that renders another form of communication necessary, the Department upon request shall make reasonable efforts to effectively communicate with you. For more information, please contact the Department's Compliance Attorney, Joel Johnson, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.

Sincerely,

[Division ADA/RA coordinator]

cc: [person who is the subject of the complaint]  
Office of Legal Affairs

Attachment: Reconsideration Request Form

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
RECONSIDERATION REQUEST FORM  
Title II Americans with Disabilities Act (ADA)  
Section 504 Rehabilitation Act (RA)

**REQUEST FOR RECONSIDERATION  
OF DHHS DETERMINATION  
OF SECTION 504 OR TITLE II ADA COMPLAINT**

TO: \_\_\_\_\_  
Division Director  
Division of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Division Director:

On \_\_\_\_\_ (date), the Department of Health and Human Services issued its determination of a complaint I submitted based on an alleged violation of Title II of the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act (RA).

I am attaching a copy of the Department's determination letter to this request.

I am dissatisfied with the Department's determination. I hereby request that a Division Director reconsider the Department's decision. I hereby request a reconsideration of the written determination as to:

- \_\_\_ the validity of the complaint; or
- \_\_\_ the resolution.

Please provide any information relating to your request for reconsideration. You may attach additional sheets as necessary.

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**INSTRUCTIONS:** Mail this form and any supporting information to the appropriate Division Director. A list of Division Directors appears on the DHHS website.

**REMEMBER:** A request for reconsideration must be submitted within thirty (30) days after you have received the Department's written determination, or within thirty (30) days after you receive the determination if it was communicated by other means. A request for reconsideration shall be submitted to the appropriate Division Director using the Reconsideration Request form enclosed with the written determination. Please include a copy of the Department's determination along with this request for reconsideration form.

If you have any questions about the reconsideration review process, please contact the Department's Compliance Attorney, Joel Johnson, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.

If you have a disability that necessitates another form of communication, the Department upon request shall make reasonable efforts to effectively communicate with you. For more information, please contact the Department's Compliance Attorney, Joel Johnson, NC DHHS Compliance Attorney, Office of the Secretary, 101 Blair Drive, Raleigh, NC 27603, telephone 919-855-4800.

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_