

**Oregon Department of Human Services (DHS)  
Vocational Rehabilitation (VR)**

**SECTION 504 CONSUMER DISCRIMINATION COMPLAINT INFORMATION (3 pages)  
&  
VR SECTION 504 CONSUMER DISCRIMINATION COMPLAINT FORM (2 pages)**

**IMPORTANT: Please read the information in this box carefully. Using the proper form will allow us to process your complaint and respond to your concerns more quickly.**

Part of the Rehabilitation Act of 1973, Section 504 is a civil rights law that prohibits discrimination against individuals with disabilities. Use the attached complaint form (last page) only if you feel that VR has treated you differently due to your disability. Please use DHS Form 0170 if you have a complaint concerning customer service, a privacy violation, or feel that you have been treated differently because of your age, race, color or national origin, gender, religion, or sexual orientation.

Do not use this form if your complaint concerns vocational rehabilitation services. If you disagree with a case action or decision taken in providing vocational rehabilitation services to you, please contact your local VR office and ask how to handle your complaint or contact the VR Dispute Resolution Coordinator: (503) 945-6253, toll-free (877) 277-0513. For TTY use Relay.

**Alternate formats:** Upon request, this document can be furnished in alternate formats for individuals with disabilities by contacting: Office of Document Management (ODM) at (503) 378-3486. For TTY use Relay. Available formats are: large print, Braille, audio tape recording, electronic format, oral presentation, and computer disk (in ASCII format).

**DHS/VR Non-Discrimination Policy Based on Disability**

As part of the Department of Human Services (DHS), Vocational Rehabilitation (VR) must comply with the following departmental non-discrimination policy: *No qualified individual with a disability shall, on the basis of disability, be discriminated against, be excluded from participation in, or be denied the benefits of the services, programs or activities of the Department. DHS will not, directly or through contractual or other formal or informal arrangements, on the basis of disability, deny a qualified person with a disability the opportunity to participate in a service, program or activity or to receive the benefits or services offered.*

**When to file a discrimination complaint:** VR consumers, including VR client applicants, VR clients, former VR clients, and members of the public who believe that VR has treated them differently based on disability may file a complaint. DHS/VR staff will assist an individual in completing the complaint form upon request. Assistance in filing a written customer service complaint is also available by contacting the Governor's Advocacy Office toll-free at (800) 442-5238. For TTY use Relay.

**Cost-free legal services:** You may request cost-free legal services from the Client Assistance Program (CAP). CAP is not a state agency or part of VR. CAP is a program of Disability Rights Oregon, an independent non-profit law office helping people with disabilities. Contact CAP at:

Disability Rights Oregon  
Client Assistance Program (CAP)  
610 SW Broadway, Suite 200  
Portland, OR 97205  
Telephone: (503) 243-2081  
Toll-Free Telephone: (800) 452-1694  
Video Phone (VP): (866) 863-7179  
Fax: (800) 513-2321

**Filing a discrimination complaint at VR:** VR wants to provide quality services. We hope that our services meet your expectations. If not, we encourage you to speak first to the manager of the office where you feel you were not treated fairly. If your concerns are not resolved or you choose not to use this informal process, you may file a written complaint by completing the attached form (last page) within 60 calendar days after the problem occurred. You may submit the form to any DHS/VR office or mail it to:

Department of Human Services  
Vocational Rehabilitation  
ADA Coordinator  
500 Summer Street NE, E-87  
Salem, OR 97301

### **What happens after you file a discrimination complaint?**

Contacting you: A manager or other person who was not involved in the incident(s) at issue, has not provided services to you, has no interest in the outcome of the investigation, and has not reviewed any prior complaint(s) from you will contact you within (7) working days after receiving your complaint. This may take longer if you do not have a telephone or are not otherwise available. If unable to contact you by telephone, the person conducting the review shall try to contact you by mail to schedule a meeting as soon as possible.

Meeting: You will have an opportunity for a meeting in-person or by telephone. You do not have to agree to a meeting. You can have someone with you at the meeting to help you. You will have a chance to present your version of what happened and to submit any evidence, including paper-work, which supports your complaint. You will be able to name other people who saw or heard what happened. Ask the person doing the review to explain anything that you do not understand.

If your complaint is about an employee: If your complaint is about an employee, the employee will be informed. The employee will have the right to submit a response to your complaint and may or may not attend the meeting. Any personnel action that results from a complaint against an employee will remain confidential.

VR response to your complaint: Within (20) working days of your interview, the person doing the review will mail you a written response to your complaint. If you are not satisfied with the response, you may request a second review by contacting the Governor's Advocacy Office in Salem within (20) calendar days of receiving the response: toll-free at (800) 442-5238. For TTY use Relay.

**If you have questions:** If you have any questions about the VR discrimination complaint process, you may contact the VR ADA Coordinator at (503) 945-6253, toll-free (877) 277-0513. For TTY use Relay.

**Filing a federal discrimination complaint:** If you believe that VR discriminated against you, you have the right to file a complaint with the Office for Civil Rights. Complaints to federal offices should be submitted within 180 calendar days of the date the problem occurred. This timeframe applies even if you filed first with VR. Contact information:

U.S. Department of Education  
Office for Civil Rights  
915 2nd Avenue, Room 3310  
Seattle, WA 98174-1099  
Toll-free: (800) 421-3481  
Tel: (206) 220-7900  
Fax: (206) 220-7887  
TTY: (206) 220-7907

U.S. Department of Health and Human Services  
Office for Civil Rights  
2201 Sixth Avenue - M/S: RX-11  
Seattle, WA 98121-1831  
Toll-free: (800) 368-1019  
Tel: (206) 615-2290  
Fax: (206) 615-2297  
TTY (206) 615-2296

**Oregon Department of Human Services (DHS)  
Vocational Rehabilitation (VR)**

**VR Section 504 Consumer Discrimination Complaint Form**

Use this form only if you feel you have been treated differently because of your disability

**Non-Discrimination Policy:** As part of the Department of Human Services (DHS), Vocational Rehabilitation (VR) must comply with the following departmental non-discrimination policy: *No qualified individual with a disability shall, on the basis of disability, be discriminated against, be excluded from participation in, or be denied the benefits of the services, programs or activities of the Department. DHS will not, directly or through contractual or other formal or informal arrangements, on the basis of disability, deny a qualified person with a disability the opportunity to participate in a service, program or activity or to receive the benefits or services offered.*

If you think that you have been treated differently due to your disability, please complete this form and send it to: VR ADA Coordinator, Vocational Rehabilitation, 500 Summer Street, E-87, Salem, OR 97301. Fax: 503-947-5010, Tel: 503-945-6253. For TTY use Relay. You may also turn in the completed form at any VR or DHS office.

1.	Name of person with discrimination complaint: _____
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Phone/TTY Number: (____) _____ Alternate Phone: (____) _____
	Date of Birth _____ Email address: _____

2.	Fill out this section if you are completing this form for someone else with a discrimination complaint:
	Your name: _____
	Phone Number: (____) _____ E-mail address: _____

