

NEBRASKA COMMISSION ON LAW ENFORCEMENT AND CRIMINAL JUSTICE

OPERATING INSTRUCTION
NUMBER 5

October 27, 1995

COMPLAINT PROCEDURES FOR ALLEGED DISABILITY DISCRIMINATION

PURPOSE: To establish an informal complaint procedure for the filing and handling of alleged disability discrimination claims.

1. **SCOPE:** Applicable to any person, including employees, recipients of services, contractors, or members of the public, who feel that they have been discriminated against by the Nebraska Commission on Law Enforcement and Criminal Justice or the Nebraska Law Enforcement Training Center on the basis of a disability.
2. **POLICY:** Use of this complaint procedure does not prohibit any persons from filing a complaint with an appropriate federal entity or pursuing available remedies in court.
3. **PROCEDURES:**

- (A) Any person aggrieved by an action of the Nebraska Commission on Law Enforcement and Criminal Justice or the Nebraska Law Enforcement Training Center relating to disability should send a brief description of the incident or policy involved to the person listed below, within forty-five days of the action giving rise to the complaint. Use the attached form SM#5 (alternative forms are available upon request) and send to:

*Nebraska Commission on Law Enforcement and Criminal Justice
c/o Personnel Officer
P.O. Box 94946
Lincoln, Nebraska 68509-4946*

OR

*Nebraska Law Enforcement Training Center
c/o Agency ADA Coordinator
3600 North Academy Road
Grand Island, Nebraska 68801*

- (B) Nothing in this policy prevents any individual who believes they have a complaint under the Americans with Disabilities Act (ADA) procedures from contacting the State of Nebraska ADA Coordinator for assistance and informally pursuing resolution of problems that may arise. The State ADA Coordinator must notify the agency upon receipt of the informal complaint.

- (C) Within **ten working days** of the receipt of the written complaint, the agency's ADA Coordinator or designee, will acknowledge in writing receipt of the complaint.
- (D) The agency's ADA coordinator or designee will initially review issues involved in the complaint to determine whether an informal resolution of the complaint is possible, and if so, to arrange such a resolution. If an informal resolution is not possible, the complaint will be investigated to determine its validity. **Within forty-five days** of the receipt of the written complaint, a report of the conclusion reached will be prepared and delivered to the Crime Commission's Executive Director. This will include the options available to the Nebraska Commission on Law Enforcement and Criminal Justice and the Nebraska Law Enforcement Training Center to resolve the issues raised.
- (E) The Executive Director of the Nebraska Commission on Law Enforcement and Criminal Justice will initiate appropriate steps to implement decisions reached through this process. A written decision will be sent to the individual filing the complaint detailing any actions or proposed actions taken by the agency.
- (F) The agency's ADA coordinator and personnel officer shall maintain the agency files and records relating to the complaint filed. These records shall remain confidential.
- (G) Any time lines established in these procedures may be waived by written mutual consent.

Allen L. Curtis
Executive Director

Distribution: Commission staff and public

Form **SM#5** attached

**State of Nebraska
Nebraska Commission on Law Enforcement
and Criminal Justice**

**INFORMAL COMPLAINT PROCEDURES OF ALLEGED DISCRIMINATION FOR
AGENCIES, BOARDS, AND COMMISSIONS**

PLEASE PRINT CLEARLY OR TYPE

1. Name
(Last) (First) (M.I.)

2. Address
(Number and Street) (City) (State) (Zip Code)

3. Telephone Home () _____ Work () _____

4. If State Employee Position Title
Division or Office

If Applicant Position Title Applying for

5. Division/Facility in Which Alleged
Discrimination Occurred
(Month) (Day) (Year)

7. Briefly describe the alleged discriminatory action(s) and the issues in your complaint. If more space is needed, please continue on a separate sheet(s).

8. Do you have a personal representative or personal contact?

Yes No

If yes, please provide the following information regarding your representative:

Name

(Last)

(First)

(M.I.)

Address

(Number and Street)

(City)

(State) (Zip Code)

Telephone (____)

Do you authorize the agency to contact the personal representative?

Yes No

9. What corrective action(s) are you seeking? (Use additional paper if necessary.)

(Signature)

(Date)