**Section 1000.40 ADA Coordinator Level**

a) If an individual desires to file a grievance, he or she shall, within 180 days after the alleged discrimination or denial of benefits for any program, service or activity of the Agency, submit a written grievance to the ADA Coordinator.

b) The grievance shall contain the following information:

1) the Complainant's name, address, and telephone number.

2) information as to the best time and means for contacting the Complainant.

3) the exact nature of Complainant's disability, including a signed statement from a physician currently licensed to practice in Illinois.

4) the program, activity, or service which was denied Complainant, or in which alleged discrimination occurred.

5) the nature of the denial or alleged discrimination.

6) an explanation of why the Complainant believes he or she is qualified individual with a disability.

7) the date the denial or alleged discrimination occurred.

8) the signature or execution of or on behalf of the Complainant.

c) The Complainant shall attach copies of any documents received from or submitted to the Agency which pertain to the program, activity or service referred to in the grievance.

d) The ADA Coordinator or his or her representative shall investigate the grievance and shall make reasonable efforts to resolve the matter. The Coordinator shall serve the written response upon the Complainant within ten business days after receipt of the grievance. The date of service of the written response shall be considered to be the date of its mailing.