



RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
OFFICE OF REHABILITATION SERVICES

ORS-121
Rev. 03/09

REQUEST FOR MEDIATION AND/OR IMPARTIAL DUE PROCESS HEARING

- Have you contacted your counselor's Supervisor to discuss your complaint? (Ext. _____)
- I am requesting an Informal Dispute Resolution with an Administrator prior to Mediation/Hearing.

If you have contacted the above people, yet are still dissatisfied with the outcome, please check one or both of the following: **Request for Mediation** ___ **Impartial Due Process Hearing** ___

SECTION I - IDENTIFYING INFORMATION:

APPLICANT/INDIVIDUAL WITH A DISABILITY

CASE NUMBER

NUMBER AND STREET

CITY/TOWN ZIP

TELEPHONE

SECTION II – STATEMENT OF COMPLAINT (To be completed by applicant or individual with a disability)

I will need:

- ___ Sign Language Interpreter ___ Note Taker/Reader ___ Mobility Assistance
- ___ Other (please specify) _____

Signature _____

Date: _____

SECTION III – STATEMENT OF AGENCY POLICY (To be completed by Agency Representative)

Date received in Vocational Rehabilitation Office: _____

Indicate Specific Policy Reference:

ORS Manual..... Section Outline (ex. I., A., 1., a.) _____

ORS Manual..... Section Outline (ex. I., A., 1., a.) _____

Explain Agency decision in relation to complaint and policy:

Signature of Agency Representative

Signature of Supervisor

AGENCY USE ONLY

Date received in hearing office: _____

Date of hearing: _____

**IMPORTANT: SEE REVERSE SIDE FOR INSTRUCTIONS ON
HOW TO COMPLETE THIS FORM (ORS-121)**

INSTRUCTIONS FOR COMPLETING THIS FORM

This form is used by both the applicant/individual with a disability and the Agency representative to:

1. Identify request for Mediation and/or Impartial Due Process Hearing;
2. Identify in writing by the applicant/individual with a disability the cause of her/his complaint or grievance; and
3. Identify by the Agency representative, the policy on which the decision causing the complaint was based.

This form is given to the applicant/individual with a disability at the time he/she decides to appeal the rehabilitation counselor's or Agency representative's determination or decision. The completed form ORS-121 must be returned to the attention of the Agency representative at:

Office of Rehabilitation Services
40 Fountain Street
Providence, RI 02903

SECTIONS I AND II: These can be filled out by the applicant/individual with a disability alone, or by the individual with a disability and Agency representative if he/she needs help in completing the form. The section is signed by the person making the complaint.

SECTION III: After Sections I and II are completed, the Agency representative completes Section III, citing the Agency policy(ies) with reference to the particular manual section(s) that was the basis for making the decision. This section is signed by the Agency representative and supervisor. The original form is routed promptly to the DHS Hearing Office and a copy is forwarded to the Deputy Administrator of ORS. A copy is retained in the case record.

Rhode Island Department of Human Services NONDISCRIMINATION NOTICE

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Food Stamp Act, and the Age Discrimination Act of 1975, the U.S. Department of Health and Human Services implementing regulations (45 C.F.R. Parts 80 and 84), the U.S. Department of Education implementing regulations (34 C.F.R. Parts 104 and 106), and the U.S. Department of Agriculture, Food and Nutrition Services (7 C.F.R. 272.6), the Rhode Island Department of Human Services (DHS), does not discriminate on the basis of race, color, national origin, disability, political beliefs, or sex in acceptance for or provision of services, employment or treatment, in its educational and other programs and activities. Under other provisions of applicable law, DHS does not discriminate on the basis of sexual orientation.

For further information about these laws, regulations and DHS' discrimination complaint procedures for resolution of complaints of discrimination, contact DHS at 600 New London Avenue, Cranston, RI 02920, telephone number 462-2130 (TDD 462-6239). The Community Relations Liaison Officer is the coordinator for implementation of Title VI; the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for DHS' civil rights compliance.

Inquiries concerning the application of Title IX and 34 C.F.R. Part 106 to DHS may also be made directly to the Assistant Secretary for Civil Rights, U.S. Department of Education, Washington, D.C. 20202 or the Office for Civil Rights, U.S. Department of Education, Region I, Boston, Massachusetts 02109.