



City of Placentia

Americans with Disabilities Act (ADA) Grievance Policy & Procedures

ADA GRIEVANCE POLICY:

In meeting the Americans with Disabilities Act (ADA) requirements, the City of Placentia, California has adopted an internal grievance procedure for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title Two of the ADA. In compliance with the ADA, the City adheres to the following statement: "that no otherwise qualified disabled individual shall, solely by reason of such a disability, be excluded from the participation in, be denied the benefits of, or subject to discrimination in programs, services or activities" provided or sponsored by the City of Placentia, California.

ADA GRIEVANCE PROCEDURES:

Section 1. Purpose:

The purpose of these procedures is to provide clear and concise instructions to any aggrieved person or persons who meet the Americans with Disabilities Act recognized definition of disability and believe he or she or they have been discriminated against by the City of Placentia, California in the provision of its ; programs, services or activities.

Section 2. Grounds:

Any qualified person with a disability or qualified persons with disabilities or his or her or their authorized representatives may file an ADA grievance complaint with the City for any of the following reasons:

- a) The City is not in compliance with the physical access requirements of the ADA related to its public facilities, and/or public right-of-way;
- b) The City has denied you or a specific class of qualified persons with disabilities access to participate in any City programs, services or activities on the basis of any ADA recognized disability;
- c) The City has subjected you as a qualified *person* with a disability or a specific class of qualified persons with disabilities to discrimination on the basis of any ADA recognized disability; or
- d) The City has violated the ADA in other matters.

Section 3. ADA Grievance Complaint Filing:

- a) An ADA Grievance Complaint must be filed via mail, personal delivery, facsimile, electronic mail, telephone, or in person with the City's designated ADA Coordinator.

The City of Placentia's designated ADA Coordinator is:

Chris Tanio, Director of Public Works

City of Placentia

401 East Chapman Avenue

Placentia, CA 92870

Telephone: (714) 993-8148

Fax: (714) 961-0283

Email: ctanio@placentia.org

- b) An ADA Grievance Complaint should be submitted as soon as possible but no later than 60 calendar days after the alleged violation.
- c) An ADA Grievance Complaint should be in writing (with exceptions such as photographs) and provide the following information:

Complainant:

Name

Mailing Address (if any)

E-Mail Address (if any)

Phone number

Facsimile number (if any)

Complainant's Representative:

Name

Mailing Address

E-Mail Address (if any}

Phone number

Facsimile (if any}

Incident Violation: Description Location

Date or dates of occurrence Time or times of occurrence

Name and contact information of witnesses

Name of City employee involved

Section 4. ADA Grievance Complaint Processing:

ADA Grievance Complaints shall be processed as follows:

- a) Within 15 calendar days after receipt of the ADA Grievance Complaint by the ADA Coordinator, Complainant(s) will be notified that the ADA grievance Complaint has been received and is being investigated. The ADA Coordinator or his or her designee will then investigate the complaint and meet with the complainant(s) to discuss the complaint and possible solutions.
- b) The investigation may include interviews with the Complainant(s); the person(s) if any who allegedly discriminated against the Complainant(s); and any other person the ADA Coordinator or his or her designee believes to have relevant knowledge concerning the subject ADA grievance.
- c) The ADA Coordinator or his or her designee will prepare a written report ("Complaint Determination") that will include: the results of the investigation, a determination as to whether any ADA discrimination occurred or ADA access requirements have been violated, and any appropriate remedy which the City will provide. The response will also include an explanation of the City's position and offer options for substantive resolution of the complaint.
- d) A copy of the Complaint Determination will be sent to the Complainant(s) within 60 days of receipt of the ADA Grievance Complaint.

Section 5. Appeal process:

- a) If the response by the ADA Coordinator or his or her designee does not satisfactorily resolve the issue, the Complainant and his or her designee may appeal the decision within 15 calendar days after receipt of the City's response to the City Administrator or his or her designee.
- b) Within 15 calendar days after the receipt of the appeal, the City Administrator or his or her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Administrator or his or her designee will respond in writing and where appropriate, in a format accessible to the complainant, with a final resolution to the complaint.

The City Administrator is for the City of Placentia, California is:

Thomas R. Hatch, Interim City Administrator

401 East Chapman Avenue, Placentia, California 92870

Telephone: (714) 993-8186

Fax: (714) 961-0283

E-mail address: thatch@placentia.org



CITY OF PLACENTIA

AMERICANS WITH DISABILITIES ACT GRIEVANCE COMPLAINT FORM

The City of Placentia is committed to providing equal access for people with disabilities to take part in and benefit from any programs, services and activities provided by the City.

Please type or print in blue or black ink and return the completed form to:

Chris Tanio, Director of Public Works
City of Placentia, California
401 E. Chapman Avenue
Placentia, California 92870
Telephone: (714) 993-8148
Fax (714) 961-0283
California Relay Service 7-1-1 (for TTY users)
E-mail: ctanio@placentia.org

Complainant:

Name:
Address:
Telephone:
Facsimile:
E-mail Address:

Authorized Representative, if any:

Name:
Address:
Telephone:
Facsimile:
E-Mail Address:

1. Please describe the alleged incident or access violation in detail. Attach additional pages if necessary.

In lieu of this Grievance Complaint Form, complaints may be submitted in alternate formats to the City's ADA Coordinator to accommodate any complainant who is qualified person with a disability.

2. Please give the date(s), time(s), and location(s) of the alleged incident(s) or observations of access violations:

3. If the incident involved a City employee(s), please provide his or her name(s) if known:

4. Please provide the name and contact information, if known, of any witnesses to the alleged incident or access violation:

5. If this complaint is filed on behalf of the another person or group of people, please provide the names and contact information or all complainants, if possible:

6. Please specify the remedy or action you seek to correct and/or resolve the alleged incident or access violation:

7. Please provide any other relevant information regarding your grievance complaint:

Signature: _____

Name: _____

Date: _____