

CALIFORNIA JPIA Policy Template

Policy Name:

ADA/Section 504 Complaint and Grievance Procedure and Grievance Form

Policy Purpose:

This policy has been created to assist member agencies to comply with the ADA, 28 CFR Part 35.107

Replacing Document:

ADA Grievance Policy

To Whom Does The Policy Apply:

All Agencies that employ 50 or more persons. If an Agency has fewer than 50 employees, it is not required to have an ADA Coordinator; however, it is strongly recommended.

Note:

The Authority has additional resources that may be helpful in the development and training of policies, programs and procedures.

1. Training Workshops:
 - Planning for ADA Compliance
 - Risk Managers Roundtable - ADA and Its Impact on Members (6/18/2013)
2. Video Resources:
 - None
3. Other Resources:
 - ADA Compliance Resource Manual
 - White Paper: The Americans with Disabilities Act

Important:

This reference material is compiled for use by Authority members in the preparation, development and implementation of risk management policies, programs, and procedures. Since this document is designed to meet the needs of the general pool membership, please be aware that the present form is best considered a template for use by your agency in drafting specific documents. This template should not be construed as legal advice. Accordingly, any resulting policy, program or procedure that results from this template should always be reviewed and approved as is customary by your agency, including the purview of any necessary legal and/or governing body authorities to ensure the policy being developed meets the unique needs of your jurisdiction. Policies should be implemented after proper training has been provided.

This reference material is to be considered proprietary and confidential and may not be disclosed to any person without the express, prior permission of the California JPIA. This reference material is for Authority member use only and does not apply in any criminal or civil proceeding. This reference material should not be construed as a creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims.

CITY OF PALOS VERDES ESTATES (PVE)

Complaint and Grievance Procedure

This Complaint and Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. It may be used by anyone who wishes to file a complaint or grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by PVE. Personnel Policy governs employment-related complaints of disability discrimination.

PVE wants to hear concerns and complaints from citizens in order to provide accessible programs, services, and activities. A member of the public can contact PVE with a comment, concern, or complaint without filing a formal grievance. A formal grievance can be filed by completing the PVE Grievance Form.

It is preferred that the formal grievance be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request. If additional accommodations are needed, please contact the ADA Coordinator. The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Administrative Analyst – Human Resources
340 Palos Verdes Drive West
Palos Verdes Estates, California 90274
310-378-0383
California Relay Service: dial 711

Within 30 calendar days after receipt of the complaint, Administrative Analyst – Human Resources staff member will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting Administrative Analyst – Human Resources staff member will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of PVE and offer options for substantive resolution of the complaint.

If the response by Administrative Analyst – Human Resources staff member does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 30 calendar days after receipt of the response to the City Manager or his/her designee.

Within 30 calendar days after receipt of the appeal, the City Manager or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 30 calendar days after the meeting, the City Manager or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received Administrative Analyst – Human Resources staff member, appeals to the City Manager or his/her designee, and responses from these two offices will be retained by PVE for at least three years.

CITY OF PALOS VERDES ESTATES (PVE)

**Americans with Disabilities Act and
Section 504 of the Rehabilitation Act of 1973
Grievance Form**

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator.

1. Complainant: _____
Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Business: _____

2. Person Discriminated Against: (if other than the complainant): _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Business: _____

3. Department or person which you believe has discriminated (if known):

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

5. Have efforts been made to resolve this complaint?

Yes _____ No _____

If yes: what efforts have been taken and what is the status of the grievance?

6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes _____ No _____

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____ Date Filed: _____

7. Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

8. Additional comments or information:

Signature: _____ Date: _____

Return to:

Administrative Analyst – Human Resources
340 Palos Verdes Drive West
Palos Verdes Estates, California 90274
310-378-0383
California Relay Service: dial 711

REFERENCES

Americans with Disabilities Act Title II Regulations, Department of Justice 28 CFR Part 35 §35.107