

## AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

| GRIEVANT'S NAME:   |                            |       |                   | TODAY'S DATE: |         |
|--|----------------------------|-------|-------------------|---------------|---------|
| ADDRESS:   |                            |       |                   |               |         |
| EMAIL ADDRESS:   |                            |       |                   |               |         |
| TELEPHONE:   |                            | WORK: |                   | CELL:         |         |
| IF A LEGALLY AUTHORIZED REPRESENTATIVE IS FILING THE GRIEVANCE ON YOUR BEHALF,<br>HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER MUST ALSO BE INCLUDED.      |                            |       |                   |               |         |
| REPRESENTATIVE'S NA  | AME:                       |       |                   |               |         |
| ADDRESS:   |                            |       |                   |               |         |
| EMAIL ADDRESS:   |                            |       |                   |               |         |
| TELEPHONE:   |                            | WORK: |                   | CELL:         |         |
| DATE OF INCIDENT:  |                            |       | TIME OF INCIDENT: |               | AM / PM |
| LOCATION/ADDRESS   | OF INCIDENT:               |       |                   |               |         |
| DESCRIBE YOUR GRIE   | /ANCE:                     |       |                   |               |         |
| IF THE INCIDENT(S) INVOLVED CITY OF MISSION VIEJO EMPLOYEE(S), HIS/HER NAME(S):  |                            |       |                   |               |         |
| NAME(S) AND CONTA  | CT INFORMATION OF WITNESSE | S:    |                   |               |         |
| IF YOUR GRIEVANCE IS BEING FILED ON BEHALF OF ANOTHER PERSON OR GROUP,<br>ALL OF THE GRIEVANT(S) SHOULD BE DESCRIBED OR IDENTIFIED BY NAME, IF POSSIBLE: |                            |       |                   |               |         |
| PERSON/GROUP NAM   | IE:                        |       |                   |               |         |
|  |                            |       |                   |               |         |
| STATE REQUESTED RE   | MEDY TO YOUR GRIEVANCE:    |       |                   |               |         |
|  | _                          |       |                   |               |         |
|  | _                          |       |                   |               |         |
|  |                            |       |                   |               |         |
| GRIEVANT'S SIGNATU   | RE                         |       |                   | DATE          |         |
|  |                            |       |                   |               |         |
| LEGALLY AUTHORIZED   | REPRESENTATIVE SIGNATURE   |       |                   | DATE          |         |

Please fill out this form completely in blue or black ink or type. Sign, date and return to: **Robert Schick, ADA Title II and Section 504 Compliance Officer, 200 Civic Center, Mission Viejo, CA. 92691.** (Attach additional sheets as necessary.)

## City of Mission Viejo—ADA Statement

The Americans with Disabilities Act (ADA) prohibits all state and local governmental agencies from discriminating against persons with disabilities and from excluding participation in or denying benefits of programs, services, or activities to persons with disabilities.

The City of Mission Viejo prohibits discrimination against persons with disabilities, ensuring that such people can fully participate in and benefit from the public services offered by the City. The City of Mission Viejo Compliance Officer, who is located within the City Clerk's Department, coordinates the City's ADA compliance with ADA representatives designated by each City department.

Complaints, grievances, concerns, or recommendations regarding public access to any of the City programs, services, or activities should be reported to the Compliance Officer, who will immediately begin to resolve the matter.

Robert Schick ADA Title II and Section 504 Compliance Officer 200 Civic Center Mission Viejo, CA. 92691 (949) 470-3034 rschick@cityofmissionviejo.org

In the event that a disabled person (or an advocate for a disabled person) believes that the City has not complied with the ADA, the City has adopted and follows this internal **ADA Grievance Procedure** in accordance with 28 CFR §35.107(b). This procedure's intent is to provide for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Justice regulations implementing Title II of the ADA. Title II states, in part, that "no otherwise qualified disabled individual shall, solely by reason of such disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in programs, services or activities sponsored by a public entity."

## City of Mission Viejo—ADA Grievance Procedure

A complaint must be communicated in writing on the **ADA Grievance Form** and submitted to the City's ADA Compliance Officer. An alternate means of filing a grievance, such as personal interview or audio recording of the grievance, will be made available for people with disabilities upon request of the ADA Compliance Officer.

A complaint should be filed as soon as possible, but not more than sixty (60) days after the complaining party becomes aware of the alleged violation. Written confirmation (written may also mean email) of the receipt of the complaint shall be issued by the ADA Compliance Officer, or his designee, within ten (10) business days.

Following the filing of the complaint, the ADA Compliance Officer shall determine whether, and to what extent, an investigation of the complaint is warranted. Any resulting investigation shall be conducted by the ADA Compliance Officer or his designee. These rules contemplate an informal but thorough investigation, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.

Written description of the resolution, if any, shall be issued by the ADA Compliance Officer, or his designee, and a copy forwarded to the complaining party. It is the City's intent to attempt to provide said written response to the complaining party within thirty (30) business days of receipt of any complaint.

The complaining party can request reconsideration of the complaint in instances where he or she is dissatisfied with the ADA Compliance Officer's response or proposed resolution. The request for reconsideration should be made in writing (or through alternate means described above) within ten (10) business days to:

City of Mission Viejo City Manager Attention: City Clerk 200 Civic Center Mission Viejo, CA. 92691

Within twenty (20) business days after receipt of the appeal, the City Manager, or his designee, will meet with the grievant to discuss a resolution. Within twenty (20) business days after the meeting, the City Manager, or his designee, will respond with a final resolution.

If the complaining party is not satisfied with the results of the appeal, he or she may file a complaint with the appropriate agency or department of the Federal government. Contact the U.S. Department of Justice for information about how to file a complaint with the agency.

## U.S. Department of Justice

950 Pennsylvania Avenue, NW Civil Rights Division Disability Rights Section-1425 NYAV Washington, D.C. 20530 Rebecca Bond, Chief (202) 307-0663 (202) 307-1197 FAX To speak with an ADA Specialist, call: (800) 514-0301 (Voice) (800) 514-0383 (TTY)

http://www.ada.gov/filing\_complaint.htm

The ADA Compliance Officer shall maintain the files and records relating to complaints filed under this procedure for at least three (3) years.

These rules shall be construed to protect the substantive rights of the interested persons to provide timely notice of any impediment to access City programs, services or activities, and to assure that the City of Mission Viejo complies with the ADA.