



## ADMINISTRATIVE POLICY

Number: I-1

Issued: November 28, 2001

Jurisdiction: Staff

### ADA GRIEVANCE PROCEDURE

#### I. BACKGROUND AND PURPOSE:

The purpose of this policy is to adopt and publish grievance procedures for resolution of complaints alleging any action that discriminates on the basis of disability in any employment action by the City or in any service, program, or activity made available by the City. Existing employees covered by a Memorandum of Understanding shall, for claims relating to employment, follow the grievance procedures in their Memorandum of Understanding.

The objectives of this policy are:

- to comply with the Americans with Disabilities Act of 1990;
- to assure that complaints of discriminatory acts are promptly and properly acknowledged and resolved; and
- to establish uniform procedures for handling complaints throughout the entire City organization.

#### II. POLICY:

Any disabled person who believes that a City service, program, or activity discriminates against him or her or any disabled employee or applicant for employment who believes that the City discriminates because of his or her disability may report the discriminatory act by using the procedures contained in this policy.

#### III. PROCEDURES:

To register a grievance under this policy, an individual shall obtain and complete an ADA Grievance form (Exhibit A). Once completed, the form should be mailed to:

Building Official  
ADA Grievance Resolution  
420 Capitola Avenue  
Capitola, CA 95010

or also, the form can be hand delivered to the Building Official at 420 Capitola Ave., Capitola.

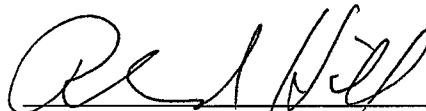
## ADA GRIEVANCE PROCEDURE

Upon receipt of a properly completed grievance form, the Building Official will within 5 working days respond in writing acknowledging receipt of the grievance and perform a preliminary investigation. If the complaint can be resolved to the complainant's satisfaction during this stage, the resolution will be noted in writing and filed with the grievance.

If the grievance remains unresolved, it will be submitted to the ADA Compliance Committee for resolution. The ADA Compliance Committee shall make a recommendation on the grievance to the City Manager no later than 45 days after the complaint is received. The City Manager shall make a final decision on the grievance no later than fifteen days after receipt of the recommendation. Notice of this decision will be transmitted to the complainant.

A written record of the action taken on each request or complaint shall be maintained with the central personnel records.

The complainant's right to a prompt and equitable resolution of the complaint will not be affected by the complainant's pursuit of other remedies, such as the filing of a complaint with the Department of Justice or other appropriate federal agency, or the filing of a suit in state or federal court.



Richard Hill, City Manager

**GRIEVANCE FORM**  
For Complaints Relating to Discrimination  
on the Basis of a Disability

Name of Grievant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of grievance: (Please include the name of the person, facility or program responsible for the alleged discriminatory act; day and time of any incident; the specific City Department involved; the type of disability discriminated against and manner of discrimination; the names and phone numbers, if possible, of any witnesses.)

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Please describe the accommodation you think appropriate to this discriminatory act.

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