



## NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the City of Salinas will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

***Employment:*** City of Salinas does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

***Effective Communication:*** City of Salinas will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in City of Salinas programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

***Modifications to Policies and Procedures:*** City of Salinas will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in City of Salinas offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of City of Salinas, should contact the office of the City Clerk as soon as possible but no later than 5 business days before the scheduled event.

The ADA does not require the City of Salinas to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of City of Salinas is not accessible to persons with disabilities should be directed to Adriana Robles, P.E.

City of Salinas will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

# **City of Salinas**

## **Grievance Procedure under ADA or California State Disability Civil Rights Laws**

This grievance procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (“ADA”), the Americans with Disabilities Amendments Act (ADAAA) and California State law. It may be used by anyone wishing to file a complaint alleging discrimination on the basis of disability in the provision of programs, services, activities or benefits by the City of Salinas. The City’s Disability Discrimination Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of the complainant and location, date and a description of the problem(s). The City’s Grievance Procedure form is available online at <https://www.cityofsalinas.org/search/site/ADA%20grievance> or at Salinas City Hall, Public Works Department, 200 Lincoln Ave., Salinas, CA 93901. Alternative means of filing a complaint, such as personal interviews or a tape recording the complaint, are available to persons with disabilities upon request.

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:

Adriana Robles, P.E., ADA Coordinator  
City of Salinas, Public Works Department  
200 Lincoln Ave., Salinas, CA 93901  
Tel 831-758-7194 , Fax 831-775-4299  
email [adrianar@ci.salinas.ca.us](mailto:adrianar@ci.salinas.ca.us)

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or his/her designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days of the meeting, ADA Coordinator or his/her designee 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 the City of Salinas and offer options for substantive resolution of the complaint.

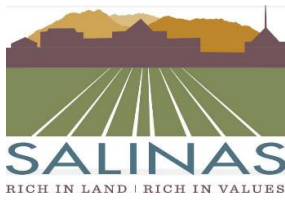
If the response by ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the City Manager or his/her designee.

Within 15 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 15 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 by the ADA Coordinator or his/her designee, appeals to the City Manager or his/her designee, and responses from these two offices will be retained by the City of Salinas for at least three years.

To file a complaint directly with the U.S. Department of Justice through the ADA Information Line: 1-800-514-0301 (TTY: 1-800-514-0383). You also can submit a written complaint to:

U.S. Department of Justice, Civil Rights Division  
950 Pennsylvania Ave. NW  
Disability Rights Section — 1425 NYAV  
Washington, DC 20530



**ADA Grievance Form**

**1. Complainant (person completing this form):**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Individual Discriminated Against (If different from Complainant):**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**3. Description of Alleged Grievance:**

Date of occurrence: \_\_\_\_\_

Location of occurrence: \_\_\_\_\_

Description of event: \_\_\_\_\_

Names of people involved (including City staff): \_\_\_\_\_

\_\_\_\_\_

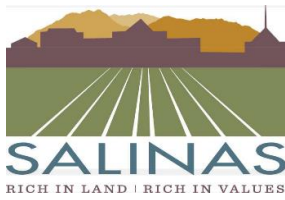
Witnesses: \_\_\_\_\_

**4. Requested Action by the City to Correct Barrier: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# City of Salinas

PUBLIC WORKS DEPARTMENT • 200 Lincoln Ave • Salinas, California 93901

(831) 758-7241 • (831) 758-7935 (Fax) • cityofsalinas.org

5. **Have you discussed this matter with City staff? If yes, whom, when and what was the result of that discussion?**

---

---

---

---

The information provided above is true and accurate to the best of my belief or knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If, because of your disability, you need assistance in completing this form or need to bring a complaint through alternative means (e.g. personal interview, recording) please notify the City ADA Coordinator at (831)758-7241 or California Relay 711.

### **MAIL/EMAIL COMPLETED FORM TO:**

City of Salinas  
Public Works Department  
c/o ADA Coordinator  
200 Lincoln Ave.  
Salinas, CA 93901

pubworks@ci.salinas.ca.us  
**(831) 758-7241**

---

#### **To Be Completed by Staff:**

Date Barrier Resolved \_\_\_\_\_

CIP No. \_\_\_\_\_