

City of Salinas Americans With Disabilities Act Grievance Procedure

It is the policy of the City of Salinas to not discriminate on the basis of any disability as defined by the American with Disabilities Act (ADA). The City has adopted a grievance procedure to provide for a prompt and effective resolution of all complaints alleging any action by the City or City-funded program that is prohibited by the ADA.

The City has designated the Deputy City Manager/City Engineer as the Director responsible for accepting ADA-related complaints, and as the City's ADA Coordinator. The ADA Coordinator is the first point of contact for coordinating and processing ADA grievances. An individual may file a grievance either orally or in writing by contacting the ADA Coordinator at City Hall, 200 Lincoln Avenue, Salinas, CA 93901, (831) 758-7241 (phone) and (831) 775-4236 (TDD). The ADA Coordinator is available to assist people with disabilities through the grievance procedure process.

The grievance procedure is as follows:

Step 1. A written grievance should be filled on the attached ADA Grievance Form and sent to the ADA Coordinator. If the grievance is not filled on the official form, it shall nonetheless include the following information:

- The name, address and telephone number of the person filing the grievance (or the contact information of the person alleging the violation, if different from the person filing the grievance)
- A description of the alleged violation, the location of violation and the remedy sought
- Information regarding whether a complaint has been filed with a federal or state civil rights agency or a court, and if it has, the name of the agency or court, the date the complaint was filed, and the name, address and contact person at the agency where the complaint was filed.

It is strongly encouraged that a written grievance be filed with the ADA Coordinator. However, a person with disabilities may file an oral grievance with the City by contacting the ADA Coordinator directly. The ADA Coordinator will interview the complainant and complete an ADA Grievance Form on the complainant's behalf. The complainant must then sign the ADA Grievance Form before it is processed.

Individuals who contact general City staff to lodge an ADA complaint will be referred to the ADA Coordinator.

Step 2. The City will acknowledge receipt of the grievance in writing within 14 days of the date of receipt. The ADA Coordinator will keep an accurate log of all ADA grievances received by the City.

Step 3. The City will initiate an investigation of the grievance, if required. The ADA Coordinator will refer the grievance to the appropriate City department for investigation. The ADA Coordinator will also notify the Risk Manager in Legal, the City Clerk and the CDBG/Housing office whenever any ADA-related complaint is received. The City department handling the grievance may contact the complainant during the course of the investigation to obtain additional facts as necessary/needed. Attempts at informal resolution of the grievance may be made. The City will endeavor to conclude the investigation of the grievance within 60 days of the date of receipt. Complete files on each grievance will be kept in the department responsible for handling the investigation. The ADA Coordinator will retain only a log of general information related to the grievance.

Step 4. The City will send a written decision on the validity of each grievance within 90 days of the date of receipt. If the grievance is denied, the City will take no further action. If the City finds a violation, the written decision will include a description of the resolution implemented to correct the violation. A resolution means that the City has either taken remedial action to bring a violation into compliance with the ADA or has instituted legal action against an agency responsible for making corrections. If building construction is necessary to correct access violations, a binding agreement will be made with the building owner to complete the construction within a reasonable time or no later than 90 days from the time the City confirms the existence of a violation.

In investigating grievances and implementing resolutions, the City will take into account a number of factors. These include:

- The nature of the person's disability
- The nature of the access to the program, service, or facility
- The extent to which the accommodation or modification requested will alter the fundamental purpose of the program, service, or facility
- Whether the requested accommodation or modification would cause undue hardship to the City of Salinas

Step 5. If a complainant is unsatisfied with the resolution of his or her grievance, he or she may file a written request for reconsideration with the City Manager at City of Salinas, 200 Lincoln Avenue, Salinas, CA 93901 within 30 days after the date of the written decision. The request for reconsideration must include the reasons why the complainant believes the City's actions are insufficient under the ADA and what further steps the complainant requests that the City take to resolve the grievance. The City Manager shall review the request and make a final determination within 90 days of the receipt of the request for reconsideration.

City of Salinas ADA Grievance Form

Complainant (person who completes this form):

1. Name: _____
2. Address: _____
3. Telephone: _____
4. Email: _____

Individual Discriminated Against (If different from Complainant):

1. Name: _____
2. Address: _____
3. Telephone: _____
4. Email: _____

Description of Alleged Violation:

Date of occurrence: _____

Location of occurrence: _____

Description of event: _____

Names of people involved (including City staff): _____

Witnesses: _____

Requested Action by the City to Correct Violation: _____

Has Complaint been Filed with other State or Federal Agency (including court)?

_____ Yes _____ No

If yes, please provide the following:

Name of agency: _____

Date filed: _____

Contact Person: _____

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

Signature: _____

Date: _____

MAIL COMPLETED FORM TO:

City of Salinas – City Hall
Public Works Dept.
ADA Coordinator
200 Lincoln Ave.
Salinas, CA 93901
(831) 758-7241