

City's Grievance Procedure – March 2020 Update

City of Santa Cruz

Administrative Procedure Manual

Section ____ (Date Issued: ____)

To: Department Heads

Subject: CITY AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE PROCEDURE

A. Purpose

The following Grievance Procedure is established by the City of Santa Cruz to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). The purpose of this Procedure is to provide an avenue for a member of the public to make an accessibility problem or concern known to the City and to facilitate the prompt and equitable resolution of complaints alleging any action that would be prohibited by the ADA.

B. Policy

A member of the public who believes that he or she (individually or on behalf of a specific class of individuals) has been subjected to unlawful discrimination based on disability by a City facility, program, service, or activity may file a grievance. All grievances will be promptly and objectively investigated, pursuant to the Procedure outlined below and consistent with any and all local, state, or federal laws and rules. Use of this Procedure is not a prerequisite to the pursuit of other remedies.

The City recognizes that some short duration or single-day program activities may present access challenges that cannot be reconciled. City staff responsible for the creation of such programs shall, however, endeavor to make any program as accessible as possible, including special recreational outings.

C. Procedure

1. **The Complaint.** A grievance should be filed on the ADA Grievance Form attached hereto and which shall be available to the public on the City's website. If the grievance is not filed on the Grievance Form, it should nonetheless be in writing and contain information about the alleged discrimination, including a description of the alleged discriminating activity, policy, program, or service, the date and location of the incident, the name of the alleged offender and any witnesses, and the remedy desired and why. Alternative means of filing grievances, such as a tape recording or personal interviews, will be made available upon request. Unless otherwise indicated, the grievance should be submitted and signed by the grievant or their authorized designee no later than sixty (60) calendar days of the alleged problem, concern, or incident to the City ADA Coordinator listed below.

***Note: Any grievance relating to a small cell wireless facility should be submitted to the City **within five (5) calendar days** of the date of notice from an applicant seeking to install a small cell wireless facility.

2. **City Response.**

a. *Investigation.* The ADA Coordinator or their designated representative shall investigate all grievances received. Within fifteen (15) calendar days of receipt, a City representative will contact the grievant to discuss the grievance. The City's investigation shall also include, but not be limited to, interviews with the person(s) responsible, any witnesses, and any other person the City believes to have relevant knowledge concerning the complaint.

b. *Written Determination.* Within sixty (60) calendar days after receipt of the grievance, the ADA Coordinator or designated representative will respond to the grievant in writing. The format of the response, if requested, can be in an accessible format such as large print, Braille, or audio tape. The determination shall state the results of the City's investigation and its determination as to any action(s) to be taken. The determination will state whether the alleged grievance is sustained or denied, considering all factual information gathered through the investigation, the context in which the alleged incident occurred, and all applicable local, state, and federal laws and rules. The results shall be conveyed to the grievant, the head of the City department subject to the grievance, and any other person(s) deemed relevant by the ADA Coordinator.

3. **Appeal Process.** If the City's response does not satisfactorily resolve the issue, the grievant or their designee may appeal the decision to the City Accessibility Standards Committee ("Accessibility Committee") for a hearing within the time specified on the written determination. The appeal request shall be submitted in writing to the ADA Coordinator. Alternative means of filing appeals will be made available upon request. Within fifteen (15) calendar days of receipt of the appeal, the Accessibility Committee will meet with the grievant to discuss the grievance and possible resolutions. Within fifteen (15) calendar days of the hearing, the Accessibility Committee will respond to grievant in writing, or, where appropriate, in a format accessible to the grievant. If the grievant is dissatisfied with the Accessibility Committee's response, the grievant may contact the U.S. Department of Justice, the U.S. Department of Fair Employment and Housing, the Equal Employment Opportunity Commission, or seek private counsel.

The Accessibility Committee may be composed of representatives from the following City departments: Public Works, Planning, Parks and Recreation, Human Resources, Water, the City Clerk's Office, and the City Manager's Office.

4. **Retention Procedure.** The City's ADA Coordinator shall maintain all ADA Grievance files for a period of three (3) years.

City of Santa Cruz ADA Coordinator:

Sara De Leon
City of Santa Cruz
809 Center Street, Room 107
Santa Cruz, CA 95060
Tel: (831) 420-5330
Email: ADA@cityofsantacruz.com

CITY OF SANTA CRUZ

Americans with Disabilities Act (ADA) – Grievance Form

This form is for submitting complaints that the City of Santa Cruz has not complied with the Americans with Disabilities Act (ADA). All complaints will be investigated. Please type or print legibly.

Name of Grievant: _____

Address: _____

Telephone Number: _____ E-mail address: _____

If Grievant is not the individual completing this form, please provide the following:

Authorized Representative's Name: _____

Relationship with Grievant: _____

Telephone Number: _____ E-mail address: _____

Date of Incident: _____

Alleged Violation(s): Describe how the City has not complied with the requirement(s) of the ADA relating to access to public accommodations, noting the date, time, and location of the alleged incident, the name of the alleged offender (if any), and the name of any witnesses, including their contact information if known. Please attach additional pages if necessary.

Requested Action: What actions do you request that the City of Santa Cruz take to correct the alleged ADA non-compliance or discrimination regarding your access to public accommodation(s) and why? Please attach additional pages if necessary.

Has a complaint been filed with a State or Federal Agency: ____ YES ____ NO

Name of Agency: _____ Date Filed: _____

Signature of (circle one) Grievant or Authorized Representative:

_____ Date: _____

Please submit the completed form to: Sara De Leon, ADA Coordinator

City of Santa Cruz

809 Center Street, Room 107

Santa Cruz, CA 95060

Tel: (831) 420-5330

Email: ADA@cityofsantacruz.com

For more information or assistance in completing the form, please contact the ADA Coordinator.