



CITY OF DANA POINT GRIEVANCE PROCEDURE FOR ALLEGED DISCRIMINATION ON THE BASIS OF DISABILITY

Individuals, or a specific class of individuals, who believe that they have been subject to discrimination on the basis of disability by a public agency may file a complaint within 180 days of the date of the alleged discrimination with the appropriate federal enforcement agency.

The ADA (28 C.F.R. Part 35.107) requires public agencies that employ 50 or more persons to establish an informal grievance procedure for resolution of complaints. All public agencies are encouraged to establish an informal grievance procedure for prompt internal resolution of complaints. Alternative means of dispute resolution, such as fact-finding, conciliation and mediation may also be used in the informal process. Each public agency should have their grievance procedure reviewed by its legal staff prior to final adoption to assure it is in compliance with any applicable state or local laws, regulations and labor relations agreements.

Note: The ADA prohibits discrimination on the basis of disability. The use of an internal grievance procedure is not required before filing other administrative or judicial remedies. Formal filing of a complaint with the appropriate federal enforcement agency may be done at the same time as the filing of an internal grievance.

GRIEVANCE PROCEDURE:

The City of Dana Point has adopted an internal grievance procedure for prompt investigation and expeditious resolution of complaints alleging any action prohibited by the Americans with Disabilities Act.

Complaints should be addressed to: Mike Killebrew, Assistant City Manager
33282 Golden Lantern, Suite 203
Dana Point, CA 92629

He has been designated to coordinate ADA compliance efforts on behalf of the City of Dana Point and may also be reached as follows: telephone (949) 248-3523/facsimile (949) 248-9920/email mkillebrew@danapoint.org

1. A complaint shall be filed in writing. It must contain the name, address and telephone number of the person filing (complainant) and a brief description of the alleged violation. It must be signed by the complainant or by someone authorized to do so on the complainant's behalf. The complainant shall be promptly notified of the City's receipt and acceptance of the complaint.
2. An investigation shall commence within 10 working days after a complaint is filed.
3. A complainant shall have the right to an informal and confidential presentation of their complaint within a reasonable amount of time.
4. A written decision, after full consideration of the complaint, with a process for resolution of any problems shall be issued by the Assistant City Manager. A copy shall be forwarded to the complainant.
5. The ADA Coordinator shall maintain the confidentiality of all files and records relating to complaints filed, unless disclosure is authorized or required by law.
6. The complainant may request within 30 days a reconsideration of the case in instances where s/he is dissatisfied with the resolution. A request for reconsideration should be submitted in writing to the City Manager at 33282 Golden Lantern, Suite 203, Dana Point, CA 92629.
7. Any retaliation, coercion, intimidation, threat, interference or harassment for the filing of a grievance, or used to restrain a complainant from filing, is prohibited and should be reported immediately to the ADA Compliance Coordinator.
8. Complainant may be represented.



**AMERICANS WITH DISABILITIES ACT
COMPLAINT FORM FOR ALLEGED DISCRIMINATION
ON THE BASIS OF DISABILITY**

Date: _____

Complainant's Name: _____

Phone Number(s): () _____ () _____

Address: _____

Describe the alleged discriminatory action in sufficient detail to make your complaint clear; please include date(s) and name(s) where applicable. Attach additional pages, if necessary.

What action(s) do you request be taken to correct the alleged discrimination? Attach additional pages, if necessary.

Signature(s) of:

Complainant(s)

Signature

Signature

Signature

Signature

Date: _____

OR

Authorized Representative(s)

Signature

Signature

Signature

Signature

Date: _____

Printed Name(s) of Authorized Representative(s)

City's receipt of complaint form:

Date received _____

Received by: _____

Signature _____