

City of Ripon ADA Grievance Policy & Procedure

ADA Grievance Policy

The City of Ripon is committed to ensuring that people with disabilities are able to take part in, and benefit from, the whole range of public programs, services, and activities offered by the City. The City continues to modify its facilities, programs, policies, or practices, as necessary, to ensure such access is provided.

Title II of the Americans with Disabilities Act (ADA) requires that public entities adopt and publish grievance procedures to assure the prompt and equitable resolution of complaints. The purpose of this ADA grievance procedure is to resolve as promptly as possible any problems, complaints, or conflicts related to the City's ADA compliance without the need for the complainant to resort to other remedies available under the law.

Please note that the City of Ripon's ADA Liaison Officer accepts and investigates grievances related to property, programs, and services of the government of the City of Ripon.

ADA Complaint and Grievance Procedure

This Complaint and Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. It may be used by anyone who wishes to file a complaint or grievance alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City of Ripon. The City of Ripon Personnel Policy governs employment-related complaints of disability discrimination.

The City of Ripon wants to hear concerns and complaints from citizens in order to provide accessible programs, services, and activities. A member of the public can contact the City of Ripon with a comment, concern, or complaint without filing a formal grievance. Before filing a grievance, you may seek informal resolution by contacting the Department Head (Attachment No. 1) of the affected department or the ADA Liaison Officer at the City of Ripon.

The City encourages, but does not require, an attempt to resolve concerns informally prior to filing a formal grievance. If your informal concern is not resolved in a timely fashion, you have the right to file a formal grievance under this procedure. A formal grievance can be filed by completing the City's Grievance Form (Attachment No. 2).

It is preferred that the formal grievance be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for

persons with disabilities upon request. If additional accommodations are needed, please contact the City of Ripon ADA Liaison Officer. 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:

Lisa Roos
ADA Liaison Officer
City of Ripon
259 N. Wilma Avenue, Ripon, CA 95366
209-599-2108 (Phone)
209-599-2685 (Fax)
adagrievance@cityofripon.org

The City will make every reasonable effort to ensure that confidentiality is maintained throughout the complaint and investigation process, to the extent consistent with the law, adequate investigation, and appropriate corrective action. This means that the City will share information only on a need-to-know basis.

After receiving your complaint or grievance, the Department Head, ADA Liaison Officer, and/or his/her designee, will investigate. The investigation may include, but may not be limited to, interviews with: (a) you; (b) the person(s), if any who allegedly discriminated against you; and (c) any other person the investigator believes to have relevant knowledge concerning your grievance. The investigator will also consider any written evidence that is given to him/her.

After completing the investigation, the ADA Liaison Officer and/or his/her designee will respond in a format accessible to the complainant, such as large print or other means as appropriate. The response will explain the position of the City of Ripon and offer options for substantive resolution of the complaint.

If the response by the City does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 30 calendar days after receipt of the response to the City Administrator or his designee. Within 30 calendar days after receiving the appeal, the City Administrator or his designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print or other means as appropriate, with a final resolution of the complaint.

All written complaints received by the City of Ripon, and the City's responses will be retained by the City of Ripon for at least three years.

Department Head List: ADA Grievance Response

**Mailing Address: City of Ripon
259 N. Wilma Avenue
Ripon, CA 5366**

Administrative Services

Lisa Roos, City Clerk and Finance Director

City Administrator's Office

Kevin Werner, City Administrator / City Engineer

Public Works and Building Department

James Pease, Director of Public Works

Planning and Economic Development

Ken Zuidervaart, Director

Parks and Recreation

Kye Stevens, Recreation Director

City of Ripon

259 North Wilma Avenue, Ripon, California 95366

Phone: (209) 599-2108 Fax: (209) 599-2685

www.cityofripon.org



GRIEVANCE FORM

Americans with Disabilities Act and
Section 504 of the Rehabilitation Act of 1973

OFFICE USE

Form Received By: _____

Date Received: _____

Grievance Form Submitted:

In Person

By Mail

By Telephone

By Fax

By Email

SECTION 1 – CONTACT INFORMATION

• Name (First and Last) _____

• Street Address: _____ • City/State/Zip: _____

• Telephone (home/cell): _____ • Telephone (work): _____ • Email: _____

• Do you require an accessible format? Yes No If yes, check all that apply.

Large Print TTY/TDD Audio Tape Other _____

• Designated Person to contact if you cannot be reached: _____

Relationship: _____ Telephone: _____

• Are you filing this complaint on your own behalf? Yes No If yes, go to Section II. If no, complete the following if possible.

• Name of person(s) for whom you are filing: _____

• Address(s) of person(s) for whom you are filing: _____

• Nature of your relationship: Observer of alleged access violation Authorized representative

SECTION II – GRIEVANCE INFORMATION

Please answer the questions below. Attach additional sheets if needed.

• Date of Incident: _____

• Nature of your disability.

• Please provide as much detail explaining your concern. (e.g.: unable to get access to a program or property due to a physical barrier, etc.)

• What type of corrective action would you like to see taken?

• If the problem involved a City of Ripon employee(s), please provide his/her names(s), if known.

• If the problem involves physical access to a City of Ripon public facility, land, or right-of-way, please provide the specific address(s) of those locations.

• Please provide the name(s) and address(s), if known, of any witnesses to the access violation or alleged discrimination.

• Please provide any other information you want the City of Ripon to know concerning this problem.

SECTION III - SIGNATURE

• I affirm that the above information provided is true to the best of my knowledge.

Applicant/Authorized Representative SIGNATURE

PRINT Name

Date Submitted

**Upon completion of this form, please mail to
City of Ripon, Attn: Liaison Officer, 259 N. Wilma Avenue, Ripon, CA 95366
or email to liaisonofficer@cityofripon.org**

If you need assistance completing this form, please contact the City of Ripon at 209-599-2108.