

City of Simi Valley
Grievance Procedure under The Americans with
Disabilities Act

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the City. The City's Employee's Manual governs employment-related complaints of disability discrimination.

The complaint (see the attached form) should be in writing and contain information about the alleged discrimination such as the name, address, phone number of the 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.

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:

ADA Coordinator
c/o Department of Human Resources
City of Simi Valley
2929 Tapo Canyon
Simi Valley, CA 93063

Within 15 calendar days after receipt of the complaint, ADA Coordinator or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, ADA Coordinator or her designee will respond in writing, and where appropriate, in format accessible to the complainant, such as large print, Braille, or audiotape. The response will explain the position of the City and offer options for substantive resolution of the complaint.

If the response by ADA Coordinator or her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision of 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 ADA Coordinator or her designee, appeals to the City Manager or his/her designee, and responses will be retained by the City for at least three years.

COMPLAINT FORM
COMPLAINT OF DISCRIMINATION ON THE BASIS OF DISABILITY

Identity of individual who believes he/she has been discriminated against on the basis of disability:

Name: _____

Address: _____

Telephone No. _____

Have you authorized someone to file this complaint on your behalf:

____ Yes ____ No. If yes, please provide the following information for the authorized representative:

Name: _____

Address: _____

Telephone No. _____

Please describe the City's alleged discriminatory action in enough detail so that the nature of your complaint can be clearly understood:

Department Involved: _____

Description of alleged discrimination:

Please give the date(s), time(s) and location(s) of the incident(s):

If the incident(s) involved a City employee(s), please provide his or her name(s) and/or badge number(s), if you know this information:

Please give the name(s) and address(es), if known, of any witnesses to the alleged discrimination:

If this complaint is filed on behalf of a group of people or on behalf of a third person, please provide the names and addresses of all of the victims of the alleged discrimination, if possible:

What action do you want taken to correct the alleged discrimination?

Is there any other information you want the City to know concerning your discrimination claim?

Signature of (Check One)

Complainant

Authorized Representative

Signature

Date