



City of Brawley

Americans with Disabilities Act Grievance Policy

I. PURPOSE

This policy has been created to assist the City of Brawley to comply with the ADA, 28 CFR Part 35.107. The policy provides a procedure to be followed to respond to individuals, or a specific class of individuals, who wish to communicate a complaint alleging that they have been subject to discrimination on the basis of disability by the City of Brawley. Attached is the grievance form and procedures.

II. DEFINITIONS

- A. ADA: Americans with Disabilities Act of 1990.
- B. ADA Coordinator: Responsible employee with a working knowledge of the requirements of ADA and designated to coordinate the Agency's efforts to comply with and carry out the Agency's ADA responsibilities.
- C. CFR: Code of Federal Regulations.
- D. TDD: Telecommunications Device for the Deaf.

III. CONFIDENTIALITY

The ADA Coordinator maintains confidentiality with regard to complaints, consultations and mediations, unless disclosure is notwithstanding the requirements of litigation and court proceedings. If the disclosure of information to another person is necessary to proceed with an investigation, the complainant will be advised first and consulted on whether and/or how to proceed.

IV. RETALIATION

Retaliation against a person who files a complaint of discrimination or harassment, participates in an investigation of such a complaint, or opposes an unlawful employment practice is prohibited by Federal and State law and City of Brawley policy. Anyone who believes she or he has been retaliated against for filing a complaint of discrimination or harassment is encouraged to report the retaliatory actions to the ADA Coordinator.

V. PROCEDURE

This procedure is established to meet the requirements of the Americans with Disabilities Act of 1990. This procedure shall be liberally construed to protect the

substantial rights of interested persons, to meet appropriate due process standards to assure compliance with the ADA. 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 of Brawley. The City of Brawley's personnel policy governs employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination, such as the name, address, and phone number of the complainant, and location, date, and description of the problem. Alternative means of filing a complaint, such as a personal interview, use of a TDD, 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:

Shirley A Bonillas
ADA Coordinator
City of Brawley
383 Main St.
Brawley, CA 92227

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

If the response by the ADA Coordinator or his/her designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision 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 will contact or meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the that contact or 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 the ADA Coordinator or his/her designee, appeals to the City Manager or his/her designee, and responses from these two offices will be retained by the City of Brawley for a minimum of three years.



City of Brawley

Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973

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 Brawley. The City of Brawley's Personnel Policy governs employment-related complaints of disability discrimination.

The City of Brawley 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 Brawley with a comment, concern, or complaint without filing a formal grievance. A formal grievance can be filed by completing the City of Brawley's Grievance Form.

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 ADA Coordinator. 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:

Shirley Bonillas
ADA Coordinator /Human Resources Administrator
383 Main St., Brawley, CA 92227
sbonillas@brawley-ca.gov
760.351.3057
California Relay Service: dial 711

Within 30 calendar days after receipt of the complaint, the ADA Coordinator or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 30 calendar days of the meeting ADA Coordinator or her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of Brawley 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 within 30 calendar days after receipt of the response to the City Manager or his designee.

Within 30 calendar days after receipt of the appeal, the City Manager or his designee will meet with the complainant to discuss the complaint and possible resolutions. Within 30 calendar days after the meeting, the City Manager or his 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 designee, and responses from these two offices will be retained by the City of Brawley for at least three years.

City of Brawley

**Americans with Disabilities Act and
Section 504 of the Rehabilitation Act of 1973
Grievance Form**

Instructions: Please fill out this form completely. A printed or typed response is recommended. Sign and return to the address on last page by email, fax, mail or in person. If you need an accommodation to complete or submit this form, please contact the ADA Coordinator.

1. Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____ Business: _____

2. Person Discriminated Against: (if other than the complainant): _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Business: _____

3. Department or person which you believe has discriminated (if known):

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

4. Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated:

5. Have efforts been made to resolve this complaint?

Yes _____ No _____

If yes: what efforts have been taken and what is the status of the grievance?

6. Has the complaint been filed with another bureau, such as the Department of Justice or any other Federal, State, or local civil rights agency or court?

Yes _____ No _____

If yes:

Agency or Court: _____

Contact Person: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____ Date Filed: _____

7. Do you intend to file with another agency or court?

Yes _____ No _____

Agency or Court: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

8. Additional comments or information:

Signature: _____ Date: _____

Return to:

Attn: Shirley Bonillas
ADA Coordinator/Human Resources Administrator
383 Main St., Brawley, CA 92227
sbonillas@brawley-ca.gov
760.351.3057
California Relay Service: dial 711

REFERENCES

Americans with Disabilities Act Title II Regulations, Department of Justice 28 CFR Part 35 §35.107